MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1566 CERTIFICATE OF DEATH PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Maryland b. COUNTY Washengton Washington MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 2 weeks
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Hagerstown d. STREET AOORESS e. IS RESIDENCE ON A FARM? 2h08 Marsh Pike Friendship Manor Nursing Home YES NO within NAME OF OECEASEO DATE Month (Type or print) DEATH 19 67 Bessie Alexander August 22 M. executed 6. COLOR OR RACE | 7. MARRIEO | NEVER MARRIEO AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS last birthday) | Months | Oays | Hours | Min. 8. DATE OF BIRTH WIDOWED -DIVORCED [E 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INOUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) U.S.A. Rouzerville, Franklin Co. House wife

13. FATHER'S NAME certificate 14. MOTHER'S MAIDEN NAME Harry J. Martin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? Molly Sheldon 16. SOCIAL SECURITY NO. 17. INFORMANT 0 (Yes, no, or unkown) (If yes give war or dates of service) 216-01-6243 B Arthur M. Alexander Hagerstown, Md.#6 CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). Atherosclerosis, cerebral & generalized with chronic brain syndrome 4 years OUF TO Unknown cause Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES NO V 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) Hour a.m. After) While Not While at work at work 21. I certify that (I) And attended the deceased from August 22, 1967, to August 22 1967, that (I) into saw the deseased alive on August. 19.63, and that death occurred attel 5 M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNEO MED. DIRECTOR August 24, 1967 M.D. PHYS. TO FUNERAL ADORESS Professional Arts Bldg, Hagerstown, PHYSICIAN'S director, p William T. Layman, M.D. (State) d 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23d. LOCATION (City, town or county) REMOVAL (Specify) Franklin Co. Washington Burial Harbaugh 25b. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR FUNERAL DIRECTOR VR A15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11579 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTHEDERT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY Virginia Loudoun / Washington 2 MARYLAND delay b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) and Loudoun Heights 1 week Rural) 83. -Sandy Hook d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS farwarded ta the Chief Medical Examiner's Office along with farm ON A FARM? RFD#2, Harpers Ferry, W. Va. Taylor Residence, Main Street YES NO X pencil in Item 18. Give Pages be executed within 24 hours after death. 3. NAME OF 4 DATE Year DECEASED 1967 12, CORRINNE BAGENT August (Type or print) DOSWELL DEATH IF UNDER 1 YEAR | IF UNDER 24 HRS 9. AGE (In years 8. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Jost birthday) June 28, 1911 White Female WIDOWED DIVORCED within 72 haurs after death File pages 1 and 2 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR during mast of warking life, even if retired)
Housewife INDUSTRY Home COUNTRY? Northumberland Co., Own 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Alice Corrinne Allison Lewis Morgan Llovd 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Clifford M. Taylor (Yes, na, ar unknawn) (If yes give war ar dates af service 578-34-8139 | RFD #2. KnoxWille, Maryland 21758 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH burial-transit event PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) writing the ward This certificate shauld 2-3 YTS any Canditians, if any, which gave rise ta immediate cause (a) = DUE TO stating the underlying cause and G S 19. WAS AUTOPSY remayal, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? Eclemon NO shauld be 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 3 shauld PRIMARY I ar CONTRIBUTING I crematian, or CAUSE OF DEATH 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) factory, street, affice bldg., etc.) Hour o.m. Not While FUNERAL DIRECTOR: Page at wark 21. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inspection . Inspection . Undetermined manner death resulted fram: Natural causes Accident Suicide Homicide he funeral directar. may be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED Health 238 LOCATION (City or Town) BURIAL CREMATION REMOVAL (Specify) 8/14/67 Fairview Cemetery Bolivar, West Va. 25a. REC'D BY REGISTRAR 67 FLINERA DIRECTOR VR A15ME (5) 6M 1/67

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Waynesboro, Pa.

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211/	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	115:0 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11581
HEALTH DEPT.	1. PLACE OF DEATH
(RA)	a. COUNTY Washington Maryland Maryland Washington
2 2 2 2	Washington MARYLAND D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington C. LENGTH DF STAY IN 1b write RURAL and give nearest town) Washington C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Cessary to the functal e 5 may be Department after death	Hagerstown Marvland Life time Hagerstown Marvland
the 5 r	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
delay Page State D hours an	13 Braxton Ave. YES NO NO
a D S C	3. NAME OF First Middle Last 4. DATE Month Day Year
PM3. PM3. PM3. The	(Typa or print) Helen Virginia Baltimore DEATH 8 29 19 67
form P form P vithin	5. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthday) Months Days Hours Min.
age 1 to age	remple colored WIDOWED DIVDRCED Mar 27 1915 52 yrs.
Give Par Give Par With 1 and event	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR life in the life in
afte afte	Housewife Own home Hagerstown, Md. USA.
n 18. (n 18. (pages)	
14 ho Item Office File	Jerome Butler Ella Taylor 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17. INFORMANT Address
n 2 l in s 0 s 0 t. F	(Yes, no, or unkown) (If yes give war or dates of service)
1 within 2 pencil in miner's 0 permit. F	no noe Cecil Baltimore 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), end (c).] Acute Hemorrhagic Pancreatitis INTERVAL BETWEEN DISET AND DEATH DEATH WAS CAUSED BY.
ed v cam it p	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), end (c).] Acute Hemorrhagic Pancreatitis INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Congestion & Edema (Aspiration Of Vomitus) Recent
"be executed "peding" in the Medical Example of the Medical Example of the medical transit cremation, or the medical from the	587,0 DUE TO Fatty Change Of Liver, Marked
dica dica dica	Conditions, If eny, which \ (b) Chronic Cholecystitis & Cholelithiasis
d be "pe Me buri	geve rise to immediate course (e), steting the DUE TD Squamous Cell Carcinoma Of Right Lung
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ate shoul he word he Chief ed as a burial,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
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ting ting ed t d be rior	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) PERFORMED? YES NO PRIMARY OF CONTRIBUTING CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 19. WAS AUTOPSY PERFORMED? YES NO CAUSE OF DEATH.
MEDI. EXAMINER. This certificate should be executed within 24 hours after death. If ecute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, Page 4 should be forwarded to the Chief Medical Examiner's Office along with form toory our files. L DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with or its designated agent, prior to burial, cremation, or removal, and in an event within	CAUSE DF DEATH. CAUSE DF DEATH. 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20a. PLACE DF INJURY (Home, ferm., 20f. (City or town) (County) (State)
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be be	
Cerronal Control Contr	21. I certify that I took charge of the remains described above, held an Autopsy , inspection , inquiry , and in my opinion death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner
EXA the ce shoul files. TOR: 1	death resulted from: Natural causes x, Accident , Suicide , Homicide , Undetermined manner
Don's te 4 your your its	ACTUAL // Sell A ACTUAL MEDICAL EVAMINED 22. DATE SIGNED
	DEPUTY MEDICAL EXAMINER X 9-1-67
DEPUTY MEDIA EXAMINE lease execute the certificator. Page 4 should be stained for your files. Funeral Directors: Page f Health or its designated	EXAMINER'S NAME (Type) Dr. E. W. Ditto, Jr. Address (Street, city, town, or county Hagerstown, Md.
O DEPUTY please ex director. retained to FUNERA of Health	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME DF CEMETERY DR CREMATDRY 23d. LDCATION (City, town or county) (State)
of departs	Burial Sept 4 1967 Slyvania Cemetery Morristown, W.Va.
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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11584 11573 CERTIFICATE OF DEATH The low requires that the death certificate be executed within 24 haurs after deoth by the funeral Pages 1 and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH de o. COUNTY Washington o. STATMaryland b. COUNTY Titled in by the tune a polyters. Pages 1 c Frederick MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest tawn)
Hagers town c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b Brunswick e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS Washington County General East 1B1 Street YES NO X on po Middle DATE Month 3. NAME OF First Last Doy Year the ottending physicion ond completely sit permit. Then pleose remove carbon DECEASED OF Elizabeth Barnhart 196 Mary DEATH (Type or print) IF UNDER 24 HRS. 9. AGE (In years IF UNDER 1 YEAR S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH Months Doys Hours 9/95 White X WIDOWED DIVORCED Female 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done COUNTRY? during most of working life, even if retired)
Housewife INDUSTRY Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME or removal, Inez Elizabeth Mossburg John William Mc Donald Address IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, or unknown) (If yes give war ar dates af service) permit. 14-48-4168 Brunswick. Md. Mrs. Ottie Miller INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH burial-tronsit IMMEDIATE CAUSE (a) signed by DUE TO Canditians, if ony, which gave rise to immediate cause (o). DUF TO stating the underlying couse TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been in os the WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION for use NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) (City or town) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) 20c. TIME OF INJURY Month, Doy, Year factory, street, office bldg., etc.) Nat While at wark at wark should be , 19___, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from 19 M, from couses and on the date stated above. ond that death occurred ot___ saw the deceased alive on. 22b. DATE SIGNED 22a. SIGNATURE MED. DIRECTOR ATTENDING M.D. PHYS PHYS. director, page should be filed Hagerstown, Md. 22c. PHYSICIAN' NAME (Type) Thomas Craig Park Heights Cemetery 23d. LOCATION (City or Town)
Brunswick. Md. (State) (County) 230. BURIAL, CREMATION, REMOVAL TOPICOS) 2Sb. REGISTRAR'S SIGNATURE **ADDRESS** 2Sa. REC'D BY REGISTRAR FLINERAL DIRECTOR fone Brunswick, Md. VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH

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FOR STATE	11574 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission)
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delay is ond 3 to A3. Page tment af	h CITY OR TOWN (If outside corporate limits (FNGTH OF STAY IN 1h) (CITY OR TOWN (If outside corporate limits write PURAL and any persect town)
2, ond PM3. PM3. P	write RURAL and give nearest town) HAGERSTOWN LIFE HAGERSTOWN 2/1/
f any delay 1, 2, and 3 m. PM3. Pa	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) d. STREET ADDRESS l. e. IS RESIDENCE
- 20 0 11	312 NORTH MULBERRY STREET 312 NORTH MULBERRY STREET VES NO 1
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after de 8. Give F olong wi with the	DECEASED (Type or print) ERNEST RAGAN BARR DEATH AUGUST 20, 1967
ong long	5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 H lost birthdoy) Months Doys Hours Mi
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	10b. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or fareign cauntry) 12. CITIZEN OF WHAT COUNTRY?
	PAINTER PAINTING CONTRACTOR. HAGERSTOWN, MARYLAND. U.S.A.
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I within n pencil Examine File pag 2 hours	CLARENCE ALFRED BARR CORA ELIZABETH DOWLER
executed anding" in Medicol E t permit, F	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT 312 NIGHESTUBERRY STREET MRS. EVELYN D. BARR. HAGERSTOWN MARYLAND.
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d be executed within 24 d "pending" in pencil in Chief Medicol Examiner's transit permit. File pages event within 72 hours ofte	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART 1. DEATH WAS CAUSED BY: ONSET AND DEATH
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e, writing the very forwarded to to the used as o bur movol, and in an	Conditions, if ony, which gove is to immediate couse (a), stoting the underlying couse (b) DUE TO (c) Columnic alcoholic trustoste constitution to prath but not perate to the remainal disease condition given in part (a). PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT PERATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a). 19 WAS AUTOPSY
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This certificate, write be forware be used removal,	E Cartuberculari - Activity Varanting - YES NO
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# 30 m m m	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Hour o.m. 10 While Not While foctory, street, office bldg., etc.)
MEDICAL EXAM please execute the director. Page 4 etoined for your DIRECTOR: Page to burial, cremo	p.m. 17 of work 🗀 of work
- 20 P P P	21. I certify that I taak charge of the remains described above, held an Autapsy 🔲, Inspection 🔼 Inquiry 🔂 and in my apin
MEDICA please ex director. etoined to DIRECTO	deoth resulted from: Natural causes 🔀, Accident 🗌, Suicide 🔲, Hamicide 🔲, Undetermined manner 🗌
MEDIA lease directe foined DIREC	ACTUAL ACTUAL CHIEF MEDICAL EXAMINER ACCUSTANT MEDICAL EXAMINED 22. DATE SIGN
y plo	SIGNATURE CELLULATION A / C/V/ CELLY MD ASSISTANT MEDICAL EXAMINEN
Cessary, e funerol may be may be ofth prio	EXAMINER'S NAME (Type) EDWARD W. DITTO, III M.D. DEPUTY MEDICAL EXAMINER X 217 W. WASHINGTON ST Address (Street, city, tawn, or county) HAGERSTOWN, MARYLA
	230. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
10 the Head	REMOVAL (Specify)
VR A15ME (51 C)	24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
6M 1/67	CHARLES M. ROUZER. HAGERSTOWN, MARYLAND, DATE AUG 2 4 1967 yourses Judges

CHARLES M. ROUZER.

HAGERSTOWN, MARYLAND.

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1	MARYLAND STATE D Division of STATISTICAL RESEARCH AND RECORDS, 30		RE, MARYLAND 21201
	11575 CERTIFICAT		11598
1.	LACE OF DEATH . COUNTY (NG S / G G TO 10 MARYLAND	2. USUAL RESIDENCE (Where deceosed in o. STATE	ved, if institution: Residence before admission) b. COUNTY WASA'N A 40 21
	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	Rubal - Shar	nits, write RURAL and give nearest town) 105 but 9, Md 21.1
C	Name OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 12 Shing fou County Hospital	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
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	cemale white WIDOWED DIVORCED	Aus 2, 1909 105	E (In yeors to the proper of t
du	USUAL OCCUPATION (Give kind of work done ig most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign Winchester, C	country) 12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME Grace Kendle	٤
15 (Y	WAS DECEASED EVER IN U.S. ARMED FORCES? , no, or unknown) (If yes give wor or dotes of service) 218 - 22-7001 W	INFORMANT 12 Sh. Co. Welfare O	ff. Hagerstown, Nd
	1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. (c)	Carenionea c	F Breast ONSET AND DEATH
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO Cateut Caes Arterioscles-0		DEDELIDMENT
L CERTIFICATION	OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)). (Enter noture of injury in Port I or Port II o	f item IB.)
MEDICAL		ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	y or town) (County) (Stote)
	22g_SIGNATURE	at death accurred at ATTENDING MED. ATTENDING MED. 22d. ADDRESS	staff Phys. 23
1	NAME (Type) BURIAL CREMATION, 23b. DATE THEREOF (23c. NAME OF CEMETERY OF	R CREMATORY 23d, LOCATIO	N (City or Town) (County), (Stote)

Name of the Contract of the Co TO SECURE OF THE PROPERTY OF T STATE OF A PROPERTY OF THE STATE OF THE STAT Marine Sugar & replaced the comment of the comment . The contract of the contract TOTAL TOTAL

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11588 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE するためつ HEALTH DERT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY Washington delay is and 3 ta g. STATE b. COUNTY Prege MARYLAND Maryland washington b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 with the State Departmen 2, and PM3. D. O. A. Hagerstown Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 4 shauld be forwarded to the Chief Medical Examiner's Office along with farm Washington County Hospital 354 So Locust St be executed within 24 hours after death. It "pending" in pencil in Item 18. Give Pages YES NO DE 3. NAME OF 4. DATE First Lost Month Yeor Doy DECEASED OF DEATH August BEICHLER 28 1967 ELIZABETH DOROTHY 19 (Type or print) IF UNDER I YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED last hirthdoy) Months Dovs Hours March 3 1930 whi te WIDOWED DIVORCED TO Female permit. File pages land2 within 72 haurs after de 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (Stote or foreign country) Md. 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR during most of working life, even if retired)
Sewing Machine INDUSTRY Sharpsburg Wash Factory Dress 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mabel Jackson Ray Griffith 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service 218-24-1514 Mrs Mabel Holmes Keedysville Md r line for (o), (b), ond (c).) Box 37 INTER INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: burial-transit event ONSET AND DEATH IMMEDIATE CAUSE (a) Calcific Aortic And Mitral Valvulopathy: Severe Severa please execute the certificate, writing the ward vears This certificate should DUE TO Stenosis (Probable Old Rheumatic Disease) in any Conditions, if ony, which gove (b) Auricular Thrombi, Left, Recent And Fresh Recent rise to immediate couse (a), DUE TO Right Ventricular And Auricular Dilation And stoting the underlying couse and OS (1) Hypertrophy, Severe be used WAS AUTOPSY ar remaval, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES T NO 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 3 shauld PRIMARY Or CONTRIBUTING MEDICAL EXAMINER: CAUSE OF DEATH. crematian, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c, TIME OF INJURY Month, Doy, Year foctory, street, office blda., etc.) Page Not While ot work ot work 21. I certify that I took charge of the remains described above, held an Autopsy x, Inspection . Inquiry 1 ond in my opinion FUNERAL DIRECTOR: be retained far Natural causes x, Accident Suicide . Hamicide Undetermined monner death resulted frame CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER priar t SIGNATURE funeral 8-29-67 DEPUTY MEDICAL EXAMINER **EXAMINER'S** TO FUNER Health Address (Street, city, town, or county) Hagerstown. Md. may NAME (Type) Dr. E. W. Ditto. Jr. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF 23o. BURIAL, CREMATION, Buriaa (Specify) 9/1/67 Hagerstown charpaburg Wash Co Md
250. REC'D BY REGISTRAR 255. REGISTRAR'S SIGNATURE Mt View Cemetery 24. FUNERAL DIRECTOR VR A 15ME (5) Milanes DATISEP 1967 5 Andrew K. Coffman Funeral Home Inc 6M 1/67

Tablington Landy and Landy modernia area company of the contract o #8 search of your listing withred nes, the T THE STREET RELEGIES RESEARCE THORSE Fellis marks the service of the serv Remark Lightine of Break Friedrich Cass autre West 100 Harris Televis mentality van The State of the second mental parties of the control of the And the Market and the Comment of th A TOTAL OF THE STATE SON THE STATE OF THE ST

Natural causes

24 FUNERAL DIRECTOR Minnich Funeral Home, Hagerstown, Md.

NAME (Type) Edward W. Ditto, III. M.D.

23b. - DATE THEREOF

8-10-67

Accident .

ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

Rose Hill Cemetery

Suicide .

Homicide CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER

Hagerstown, Md. 2So. REC'D BY REGISTRAR

Undetermined manner

Address (Street, city, town, or county) Hagerstown.

23d. LOCATION (City or Town)

11589

e. IS RESIDENCE ON A FARM?

NO

Year

19 67

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN ONSET AND DEATH

19. WAS AUTOPSY PERFORMED?

(County)

217 W. Washington

NO

(State)

and in my opinion

YES

Day

Doys

12. CITIZEN OF WHAT COUNTRY?

7,

Wash.

VR A15ME (5) 6M 1/66

5 may be TO FUNERAL Health ar i

funeral (

death resulted fram:

23a. BURIAL, CREMATION,

REMOVE SPECIFY)

Lac Jeste L L Ale THE TOTAL PROPERTY OF THE PARTY The Person alice of the same configuration is a grant . He figure in the man The second secon Anne production in the later to the later to

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 11591 death. filled in by the funeral and 2 requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY Washington b. COUNTY Washington MARYLAND Marvland gapers. Pages 1 hin 72 hours after b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town)
Hagerstown 40 vears Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Washington Co. Hospital 132 North YES NO NAME OF Middle First Lost 4. DATE Year the attending physician and caracters is permit. Then please remove carban mation ar remayal, and in any event wi DECEASED EMORY LUTHER BITTLE 19 67 August (Type or print) DEATH IF UNDER 1 YEAR 9. AGE (In years IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH **NEVER MARRIED** lost birthdoy) Months Dovs Hours white male May 3, 1881 WIDOWED DIVORCED 11. BIRTHPLACE (County & Stote, or foreign country) 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY Potomac Edison Myersville, Fred Md 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME William Metzger Bittle Catherine Routzahn Flovd 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT North AveresHagerstown . Md . (Yes, no, or unknown) (If yes give wor or dates of service Mrs. Elizabeth Brandenburg. INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c).)
PART I. DEATH WAS CAUSED BY: burial-transit ONSET AND DIATE IMMEDIATE CAUSE (o) signed by **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying couse as the has been 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? far use Health p CERTIFICATION NO. O FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or tawn) (County) (State) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) Not While ot work 2) Certify that (1) (this hospital) attended the deceased from. shauld and that weath accorred at A M, fram causes and on the dote stoted obove saw the deceased olive on. 22b. DATE SIGNED MED. DIRECTOR August 67 directar, page 3 shauld be filed v M.D. PHYS. 22d. ADDRESS 135 Pot PHYSICIAN'S Potomac Avenue Hagerstown, M.d. Binford, D NAME (Type) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL SPORTY & 1 Aug.5,1967 St. Paul's Lutheran Mwersville Marea 24. FUNERAL DIRECTOR VR A15 (4) Paul F.Bittle, Myersville.Md. 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

and the state of t o. D. _ colored . beadly . black and the boundary . The colored the fading both as a sure day the service of the . Co. . Doll . of Line of the office of the . Line . Line . E. . Bon . Jirry A CARL CARTER OF STREET

death. Page 4. retained by the hospital or attending physician.

IO FUNERAL D. CTOR: After this certificate has been signed by the attending physician and completely han by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon-pagers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 thours after death.

15M

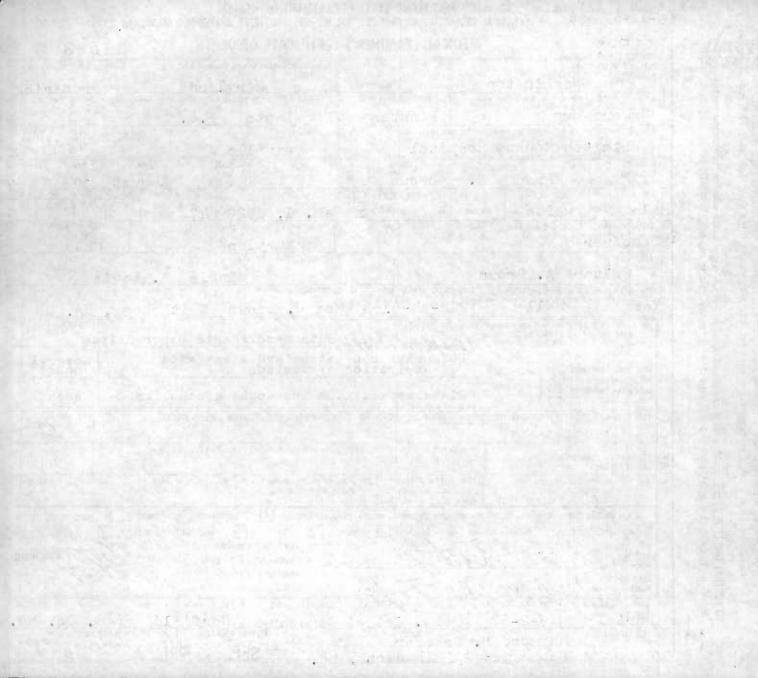
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
11592

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission)
Washington MARYLAND	a. STATE b. COUNTY Md. Wash.
b. CITY OR TOWN (if outside corporate limits.) c. LENGTH OF STAY IN 1b	c, CITY OR TOWN (If outside corporete limits, write RURAL end give necrest town)
write RURAL and give nearest town)	C. CIT ON TO THE (II delaide corporate limits), while NONZE and give modes fowing
Hagerstown 2 Months	Rural Smithsburg
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, giva streat address)	d. STREET ADDRESS . IS RESIDENCE
Clear View Nursing Home	RD 1 YES NO 1
3. NAME OF First Middle	Last 4. DATE Month Dey Year
DECEASED MC 2 C	OF DERTH ALC 3-1 10/2
	DATE OF BIRTH 19. AGE (In years I IF UNDER 1 YEAR IF UNDER 24 HRS.
6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	last birthday) Months Days Hours Min.
/ Cau, WIDOWED DIVORCED N	lay 6. 1884 83 yrs.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	
done during most of working life, even if retired)	
house wife home	Garfield Frederick Co.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Uangan Duanan	Mary J. Weddle Address
Hanson Draner 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
(198, no, or unkown) (if yes give we for detes of service)	
no no 215-18-2380 Cle	eg A. Bowman, Smithsburg RD1, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Englysens ONSET AND DEATH
IMMEDIATE CAUSE (e) Julmonary	in which there
DUE TO	
Conditions, if eny, which (b)	
gave rise to immediate cause	
(a), steting the underlying DUETO	
cause lest. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NO To phoglal Studie & Arterole 206. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH ILLE HITER, NOTHER MEDICAL EXAMINER)	when Heart Disease & Delizohation YES 1 NO 14
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED), (Enter neture of injury in Pert I or Pert II of item 18.)
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour e.m. While Not While	tory, street, office bldg., etc.)
p.m. 19 et work et work	
21. I certify that (I) (this hospital) attended the deceased from.	5/3/ 1967, to Alelat, 19 , that (1) (we) las
saw the deceased alive on A 3 19.6.7, and that	death occurred at \$15.0 M, from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE
William O. Repode "	A.D. PHYS. DIRECTOR PHYS. SIGNED
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type)	145 S. Prospect St. Hagerstown, Maryland
Dr. William O. Rexrode	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 23d. LOCATION (City, town or county) (Steta)
burial Aug. 6, 1967 Pleasant Vall	ey Cemetery Smithsburg, Wash, Md.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	2Se, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE
	ALIC 7 1007 UCLA NO DOLLAR
Minnich Funeral Home, Smithsburg, Md.	DATE NOO 1 1001 general guide

the time win width a record of the out to be a low and MATURAL MATERIAL AND COLD IN THE THE RESERVE OF THE PARTY OF THE . The transfer of the said Veliage consequent factors on the Section of the said

2 1	Items 18&21 Film 392 MARYLAND STATE DEPARTMENT OF HEALTH 9-11-67 Milision of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120	01
FOR STATE	11581 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.	I. PLACE OF DEATH a. COUNTY Washington	before admission)
oth. If any delay is ages 1, 2, and 3 to th farm PM3. Page. State Department of 2 hours after death.	b. CITY OR TDWN (If autside corporate limits, write RURAL and give nearest town) Hagerstown C. LENGTH DF STAY IN 1b Lantz P.O.	
2, 2, epa	d. NAME DF HDSPITAL DR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	e IS RESIDENCE
th. If of ges 1, a farm farm hours	Washington County Hospital Foxville	ON A FARM?
deoth e Page with	3. NAME OF First Middle Last 4. DATE Month OF DECEASED (Type or print) Fred M. Brown DEATH August	Day Year 30 19 67
s ofter dec 18. Give P along with with the	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER LY	
INER: This certificate should be executed within 24 hours ofter death. If a should be farworded to the Chief Medical Examiner's Office along with farm files. 3 should be used as a buriol-transit permit. File pages I and 2 with the State Del and, prior to burial, cremation, ar removal, and in any event within 72 hours.	10a, USUAL OCCUPATION (Give kind of work done during-most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State ar fareign cauntry) 12. CITIZ COUNTY (COUNTY)	ZEN OF WHAT NTRY?
thin 24 ncil in 1 niner's (poges 1 in ony	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	DA
with n pend Exomi File po	Walter A. Brown Minnie G. Lewis	
in pe in pe il Exor il Exor il File il, ond	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	115 15 15
ecut ing ing edicc ermi	(15 yes give war or dates of service) 212-14-6166 Max H. Brown Smithsburg.	Md. RD 1
be execut pending" hief Medica ansit permi	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) // Acute hemorrhagic pancreatiti	INTERVAL BETWEEN ONSET AND DEATH
MESTAL EXAMINER: This certificate should be executed lease execute the certificate, writing the word "pending": director. Page 4 should be farworded to the Chief Medical stained for your files. DIRECTOR: Page 3 should be used as a buriol-transit permit designated agent, prior to burial, cremation, ar removal.	Conditions, if ony, which gave rise to immediate cause (a). OUE TO Pulmonary congestion and edema with aspiration of vomitus	Several
ficote ing the rded to os o b	stating the underlying cause (c) (c) Diabetes mellitus and acute alcoholism	Recent
his certi ate, wrii e farwo be used to buric	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)	19. WAS AUTOPSY PERFORMEO? YES 70
ertifica ould be ss.	20d. EXTERNAL CAUSE WAS PRIMARY GO TONTRIBUTING CAUSE OF DEATH. 20d. EXTERNAL CAUSE WAS CAUSE OF DEATH.	
TAL EXAMINER: The se execute the certification. Page 4 should be need for your files. ECTOR: Page 3 should the seignoted agent, prior	20c. TIME OF INJURY Manth, Oay, Year Haur a.m. p.m. 19 20d. INJURY OCCURRED While of work at	ty) (State)
FEAT EXALEXALESA ESTABLES EXECUTE III FOR YOU INTECTOR: Poge designoted a	21. I certify that I taak charge of the remains described above, held on Autopsy , Inspection , Inquiry ,	ond in my apiniar
tor. ed f	death resulted from: Natural couses 🗵, Accident 🔲, Suicide 🔲, Hamicide 🔲, Undetermined manner 🔲	
- d - e - s	ACTUAL SIGNATURE N. SULLA ACTUAL M.D. ASSISTANT MEDICAL EXAMINER (22. DATE SIGNED
P P P P P P P P P P P P P P P P P P P	EXAMINER'S NAME (Type) LITE MINING Address (Street, city, town, or county)	7
TO DEPU necesso the fun 5 moy 10 FUNE Heolth	PEMOVAI (Specify)	County) (Stote)
()		. Co. Md.
VR A15ME (1)	Raymond E. Creager Permant Baymond E. Creager OATE SEP 5 1961 Yellow	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1. 2	4-1	1582			CERTI	FICATE	OF DEATH		ž.	11594	
roeral roeral and 2 er death		PLACE OF DEATH o. COUNTY	Washingto	on	MAF	RYLAND	2. USUAL RESIDENCE (a. STATE Mar	Where deceased	lived, if institutio b. COUNT		,
by the Pages aurs aft		b. CITY OR TOWN (write RURAL and	If autside carparate limit give pearest tawn) Hagerston	is, un	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If a		limits, write RURA		st town)
4 ho in ers. 72 ho			AL OR INSTITUTION (If n			-	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
filled pape hin 73			hington Coi	unty Ho			Rou	te # 6			YES NO
d with letely t parbon nt, wit		NAME OF DECEASED (Type ar print)	Robe	ert	Middle Newcome	r B	rumbaugh	4. DATE OF DEATH	August	28	y Year 19 67
cample of ever	S.	Male	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIE	D 8.	DATE OF BIRTH		AGE (In years last birthday) yrs.	Manths Doys	Haurs Min.
cian and ease can and in an an and in an an and in an an and in an	duri	ng mast af yarking	(Give kind of work dane life, even if retired)		ND OF BUSINESS OR DUSTRY	e	11. BIRTHPLACE (County Rural Ha	& State, ar fareig		12. CITIZEN O	F WHAT
th certifica ding physi . Then pl remaval,	13.	FATHER'S NAME	John Niche			26			Lewis		
e death ce attending sermit. The an, or remo	15. (Y∈	WAS DECEASED EVE s, no, or unknown)	R IN U.S. ARMED FORCES? (If yes give war ar dates		OCIAL SECURITY NO.		formant . Helen Bru	mbauah	Address	gton.Va	
ding physician. ding physician. seen signed by the attending physician and campletely filled in by the to the burial-transit permit. Then please removements may be attended to burial, crematian, or remaval, and in any event, within 72 haurs attended to burial, crematian, or remaval.		PART I. DEA' Canditions, if any rise ta immediat stoting the unde last.	e cause (a), ((a) Cerr 10 Ge	(a), (b), and (c).)	0.	sed ple leres	earlo	le se	IN'	TERVAL BETWEEN ISET AND DEATH
In a the la attentate to a transfer at the la attentate and a stantate and a stantate at the attentate at th	CERTIFICATION	PART II. OTHER SI	CHIPICANT CONDITIONS C	ener	o Cen	em	E TERMINAL DISEASE CO	250			WAS AUTOPSY PERFORMED? YES NO
PHYSICIA haspita is certifi ached f	MEDICAL CERT	OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJU	CAUSE OF DEATH MEDICAL EXAMINER) JRY Month, Day, Year	20d. IN	JURY OCCURRED	20e. PLACE	OF INJURY (Home, farm	n, 20f. (City or tawn)	(County)	(Stote)
VG P	MEC	Hour 'o.r p.r	10	While at wark	Not While at work	factar	y, street, affice bldg., etc.)		200	
TENDII ined by DR: Aftr auld be i the St		saw the d	fy that (I) (this has eceased alive an_		ed the deceased	from_8 and that	death accurred at	9.30 M,	8-21 fram causes a	nd an the da	
OR AT be reta DIRECTO JR Shr je 3 shr ed with		22o. SIGNATURE	DX	usel	th.	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	8-2	9-67
may kat I pag		22c. PHYSICIAN'S NAME (Type)	FRANCI	seo E	ROS	146	22d. ADDRESS	nar	Cherry	a	10!
TO HOSP Page 4 r TO FUNER director, should 1	230	BURIAL, CREMATIC REMOVAL (Specify	ON, 23b. DATE TH	EREOF	23c. NAME OF CEN				TION (City or Tow	,	
5 5 5 2	24	Burial FUNERAL DIRECTO	9/1/0	1/ /	Rest Ho	aven C	emetery 250 REC	D BY REGISTRAR	rstown-U	I ashungt Istrar's Signatu	
VR A15 (4) 25M 1/67		Rest Hav	wen. a.	Chapel	Hagers	town.		SEP 5	1867	Marle	

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SE 3	NAME OF THE PARTY.		2,600 (07.5)	3/3/6/8	
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100	gabath S. cena abasesti		dayadh	such a dedection	

VR A15 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 11595

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY
Washington MARYLANO	Maryland Washington
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Hagerstown 4 weeks	Sharpsburg 21.1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADORESS 8. IS RESIDENCE ON A FARM?
Washington County Hospital	106 S. Church St. YES NO
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) Mary Ellen Bussar	DEATH Assessment 22 1067
	R DATE OF RIRTH 19 AGE (In years LIFTINDER 1 YEAR IF LINDER 24 HRS.
	last birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even If retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Washington, Maryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Harvey Crampton	Grace Boyer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
(Yes, no, or unkown) (If yes give war or dates of service) None Jan	nes Bussard 106 S. Church St.
1 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),]	
PART I. DEATH WAS CAUSED BY: CIRCULAR ONSET AND DEATH IMMEDIATE CAUSE (a) CIRCULAR OLD 1/2/2015 (b) PAREAST WILL THE COLOR ONSET AND DEATH	
17/14	1300000
Cenditions, If any, which)	
gave rise to immediate	
cause (a), stating the DUE TO underlying cause last. (c)	
	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
as varied as thritt, of	the interested YES NO [
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO 2DD. ACCIDENT WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
ZDc. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Mulle - Not while -	ry, street, office bldg., etc.)
	5 /7/ // 10 0 1 /3 /// 72 so / 7 that (1) (ma) lead
21. I certify that (I) (this hospital) attended the deceased from 5/16/6, 19 5, to 223 19 6, that (I) (we) last	
saw the deceased alive on and the date stated above.	
22a. SIGNATURE (Okuculeur M.D	ATTENDING MED. STAFF
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) R. AMARILLO	Sharpsburg, Ha
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial Aug. 26, 67 Mt. View Ceme	etery Sharpsburg, Wash, Maryland
24. FUNERAL DIRECTOR AODRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Albert L.Leaf 7Church St.	DATE AUG 28 1967 gcharles Judge
Williamsport, Maryland I Wale V 0	

, The Remark Project Comments and . or decords to the second sec Marian ten och School and Edition . 1, AUS 2 B 1867 WHARACA DEACH

)[WASHINGTON		- MARYLA	ND	o. SIAIE MARY	LAND	b. COU	WASHIN	GTON
	b. CITY OR TOWN (write RURAL on HAG	If autside carporate limit d give negrest town) ERSTOWN	5,	1 DAY	1b	c. CITY OR TOWN (If our RURA)	L BOON		RAL and give neare	est tawn)
		TAL OR INSTITUTION (If a				d. STREET ADDRESS				e. IS RESIDENCE ON A FARM
7	WASHINGTON COUNTY HOSPITAL					ROUTE	5 # 1			YES NO
	3. NAME OF DECEASED (Type or print)	FLORE	rst ENCE	Middle HATTIE		Lost CARTER	4. DATE OF DEATH	AUGUS		Y Year 1967
	S. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED		8. DATE OF BIRTH SEPT. 19, 19		AGE (In years birthdoy) yrs.	Months Doys	Hours M
	during most of working	N (Give kind of work done life, even if retired) STIC		IND OF BUSINESS OR IDUSTRY WORK		11. BIRTHPLACE (County 8			12. CITIZEN COUNTRY	
	13. FATHER'S NAME EDWA	RD LEE DAV	[S			JULIA LA				
	15. WAS DECEASED EVE (Yes, no or unknown)	R IN U.S. ARMED FORCES? (If yes give war or dates	of service)	SOCIAL SECURITY NO. 20-09-7301		INFORMANT S. KENNETH F	KLINE,	ROUTE' BOONS	# 1 BORO, MAR	YLAND.
		EATH (Enter only one con TH WAS CAUSED BY: IMMEDIATE CAUSE	(o) My	(o), (b), and (c))	Pail	me - or	rhyte	Limas		TERVAY BETWEEN
	Conditions, if ony		with n	condial in	forch	on	to	wo day		
nise to immediate couse (a), stoting the underlying couse (bost. (c) Outeriorschrifte heart dierace								re	met o	tetormie
	PART II. OTHER SI	GNIFICANT CONDITIONS (ONTRIBUTING	TO DEATH BUT NOT RELAT	- //	THE TERMINAL DISEASE CON	DITION GIVE	N IN PART 1(o)		. WAS AUTOPSY PERFORMED? YES X NO
	(IF FITHER NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCCI	JRRED.	(Enter noture of injury in F	Port 1 or Port	Il of item 18.)		
	20c. TIME OF INJI Hour o.r	10	20d. II While ot work	Not While		CE OF INJURY (Home, form, tory, street, office bldg., etc.)		(City or town)	(County)	(Stote
	21. I certi	fy that (I) (thisyhes eceased alive an_	pital) attend	ded the deceased fr	am_ d tha	q ang , 19 t death accorred at	907, to	, from causes		hat (I) (we) te stoted ab
	220. SIGNATURE	and a	11	0)		ATTENDING	MED.	STAFF	22b. DATE SIG	

director, page 3 shaula be veranted for the start burial, cremation, shauld be filed with the State Dept. af Health priar to burial, cremation, TO FUNERAL DIRECTOR: After this certificate has been VR A15 (4) 25M 1/67

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires th Page 4 may be retained by the haspitat¹ or attending physician.

230. BURIAL, CREMATION, REMOVAL (Specify) BURTAT. 24. FUNERAL DIRECTOR CHARLES M. ROUZER.

23b. DATE THEREOF

8/12/67

JOHN C. STAUFFER. M.D.

PHYSICIAN'S

NAME (Type)

MANOR CHURCH CEMETERY
ADDRESS 250. HAGERSTOWN, MARYLAND

23c. NAME OF CEMETERY OR CREMATORY

REC'D BY REGISTRAR 2Sb. R AUG 16 1967

23d. LOCATION (City or Town)

22d. ADDRESS

WASH CO

(Stote)

HAGERSTOWN MD.

(County)

last ove.

CO - OT THE STATE OF THE STATE SEALIS COULT COLUMN COL en L Court W The street are colors TOTAL TOTAL CONTROL OF THE PROPERTY OF THE PROPERTY OF THE PARTY OF TH market seding in what have and the state of t attended the first deline a tell brak the thing to be the parties and the the control of the co THE C. SEASONS AND SECURE AND SECURE SECURE SECURIOR SECU TO LOS CHORES CHOSEN AND THE CONTRACT OF THE C Model 3 2 21A company of the second of the s

Sales Sales TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. 10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papeds should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 is MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
11585
CERTIFICATE OF DEATH

1	a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Re	sidence before admission)
	Washington MARYLAND	a. STATE b. COUNTY	
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give hearest town)	c. CITY OR TOWN (If outside Corporate limits, write RURAL	and give nearest town)
	Williamsport 8mos. 10days	martinshura	953
	d. NAME OF HOSPITAL OR ASTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	Williamsport Spritarium	410 EULALIAST	YES NO
-	B. NAME DF First Middle	Last 4. DATE Month	Day Year
	(Type or print) Gertrude S. (Ambers DEATH HUGUST	30 1967
Т	7. MARKIED MEYER MARKIED	B. DATE OF BIRTH 9. AGE (In/years IFUNDER 1 last birthday) Months	YEAR IF UNOER 24 HRS.
		Nov 5, 1887 79 yrs.	
	Oa. USUAL OCCUPATION (Give kind of work done uning most of working life, even If retired) House Duties Home	CO	TIZEN OF WHAT UNTRY?
			USA
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
-	Joseph Christian Snyder	Mary Jane Watson	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT / Address 1105 Circle arles E Chambers 1105 Circle	Drive
-		Martinsburg, W	POTON SOTON
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:		ONSET AND DEATH
1	IMMEDIATE CAUSE (a) 1114 OCOVOL 18	infauction	10ming
	Conditions of any which I DUE TO Affact and	e forme	1agr 3
1	Conditions, If any, which gave rise to immediate (b)	12/12/25/2051	
	cause (a), stating the DUE TO underlying cause last.		
	(6)	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		PERFORMED?
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in Part I or Part II of Item 18.)	
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (Cour	nty) (State)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA Hour a.m. While Not While at work at work	ry, street, office hldg., etc.)	
1	21. I certify that (i) (this hospital) attended the deceased from /	Dec 19, 1900, to Aug 20, 196	Z that (ID) (we) last
1		death occurred at S A.M., from the causes and on th	e date stated above.
1	22a. SIGNATURE	ATTENDING MED. STAFF 22b. DA	TE SIGNED
	M.C. M.C.	DIRECTOR PHYS. HELE	30061
	22c. PHYSICIAN'S NAME (Type) M F TRUE H	22d ADDRESS	1
	DIDIAL OPENATION LOSS BATE THEOLOGY LOSS NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or cou	nty) (State)
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY		
1	Burial 8-23-1967 Rosedale Ceme	tery Martinsburg Wes	SIGNATURE
1	Brown Funeral Home Martinsburg. W.		en Judges.
	and a mineral mount of the company of the	Va. DATAUG & Z IJON scharle	

VR AI5 (4) 20M 1/65

Virginia interior Control of the State of the Sta THE PROPERTY OF THE PROPERTY O Home Duties Duties Home Home Washington County, Maryland USA in the direct of the direct of the Partinger, s. 'a. Cable The same of the sa Burist B-23-1957 Losedate bearings, West Pa. Brown Tuneral Hone Harring parts M. Vo.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 11598 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY WASHINGTON in by the fun ers. Pages 1 2 hours after of be executed within 24 hours after MARYLAND b. CITY OR TOWN (If autside carparote limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS WESTERN MARYLAND STATE HOSPTTAT NO 🔽 3. NAME OF and in ony event, with 4. DATE Month Year Day DECEASED OF 1967 (Type or print) DEATH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE NEVER MARRIED Haurs WIDOWED DIVORCED 1Do. USUAL OCCUPATION (Give kind of work done IDb. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, ever if retires COUNTRY? that the death certificate Car suspector 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removol. Bertha 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, na, ar unknown) (If yes give war ar dates of service) 705-10-5527 HELEN L. CHANEY 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY ONSEJ AND DEATH IMMEDIATE CAUSE (o) DUE TO burial Canditians, if any, which gove rise to immediate cause (a), DUE TO stating the underlying cause 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Hame, form, (City or town) (County) (Stote) 2Dc. TIME OF INJURY Month, Doy, Year Hour 'o.m. foctory, street, affice bldg., etc.) While Nat While ot work 21. I certify that (I) (this haspital) attended the deceased fram. 1967, ta 8-13 ____, 19.6.7, that (1) (***) las 1967, and that death accurred at 6.20 M, fram causes and an the date stated above saw the deceased alive on 22o. SIGNATURE 22b. DATE SIGNED **ATTENDING** STAFF DIRECTOR director, poge should be filed 22d. ADDRESS 22c. PHYSICIAN'S TO FUNERAL 1500 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 8/16/67 RIVERVIEW CEMETERY WILLIAMSPORT WASH. 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR VR A15 (4) 25M 1/67 CHARLES M. ROUZER, HAGERSTOWN, MARYLAND

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n and completely filled in by the Tuneral femove carbon papers. Pages 1 and 2 and 2 and 2 and 2 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	-	1587		CERTIFIC	ATE OF DEATH	1	1599
	1.	PLACE OF DEATH a. COUNTY	Washington	MARYLAN	a. STATE	CE (Where deceased lived, If Inst Md. b. COUNT	itution: Residence before admission) TY Wash.
		Hagers		35 years	Hager:		te RURAL and give nearest town)
1			gton County	not in hospital, give street addr Hospital	d. STREET ADDRESS	. Cannon Ave.	e. IS RESIDENCE DN A FARM? YES NO
	3.	NAME OF DECEASED (Type or print)	First Betty	Middle Lorraine		4. DATE Month DF DEATH Augu	
1	1	SEX Cemale	white WI	ARRIED NEVER MARRIED DOWED DIVORCED	1-25-30	9. AGE (In years last birthday) 7	Months Days Hours Min.
		seamst		10b. KIND DF BUSINESS OR INDUSTRY dress mfg.	Wash. Co		12. CITIZEN OF WHAT COUNTRY?
		FATHER'S NAM	Clarence 1		14. MOTHER'S MAID	Margaret	Palmer
	15. (Ye	WAS DECEASED (s, no, or unkown)	EVER IN U.S. ARMED FORCES (If yes give war or dates of service	215-26-2094	17. INFORMANT Charles Chu	Address urchey, Hager	
2	MEDICAL CERTIFICATION	PART I. DE #34/ Conditions, If gave rise to cause (a), st underlying caus PART II. OTHERS 20a. ACCIDENT DR CONTRIBUTI (IF EITHER, NO 20c. TIME OF Hour a.r. p.r. 21. I certif	DUE TO DU	DNEU NO WILL AT WORK AT WORK AT THE ATTENDED TO BE A TO MAN A TO BE A TO MAN A TO BE A	TEAM TRAIL TIS A 20 70 TO TO SCO RELATED TO THE TERMINAL I TO L / W 70 70 CCCURRED. (Enter nature of factory, street, office bldg., e ATTENDING STATEMENT STATEM	DISEASE CONDITION GIVEN IN PACE BROWN CHINA f Injury In Part I or Part II of Arm, 20f. (City or town) 105.	(County) (State) (County) (State) (State) (State) (State) (American description of the date stated above. (County) (State) (State)
	23a	BURIAL, CREM		Rose Hil	tery or crematory Cemetery	23d. LOCATION (City, to Hagerstown	, Md.
	24	. FUNERAL DIRE	CTOR	ADDRESS	25a. RE	C'D BY REGISTRAR 25b. RE	GISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 should be detached for use as the burial-transit permit. Then please should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in VR AI5 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH 15 Solvision of Statistical Research and Records, 301 W. Preston Street, Baltimore 1, Maryland CERTIFICATE OF DEATH

	- V. P
1. PLACE OF DEATH a. COUNTY Washington MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE Md. b. COUNTY Wash.
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) rural Hagerstown c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) rural Hagerstown
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS RFD 4 e. IS RESIOENCE ON A FARM? YES NO
3. NAME OF First Middle OECEASEO (Type or print) Mabel Littleton	Last 4. DATE Month Day Year OF Clark OEATH August 5, 1967
female 6. COLOR OR RACE 7. MARRIED NEVER MARRIEO DIVORCEO DIVORCEO	8. DATE OF BIRTH 2-2-1899 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	Indian Springs, Md.
13. FATHER'S NAME Charles Holland	14. MOTHER'S MAIOEN NAME McAllister
(Yes, no, or unknown) (If yes nive war or dates of service)	INFORMANT Address s. Betty Munson, Hagerstown, Md.
20a. ACCIDENT WAS UNDERLYING COUNTY OF COUNTY	Several garden Severa
Hour a.m. p.m. 19 While Not While factor at work 21. I certify that (I) (this hospital) attended the deceased from	ry, street, office bldg., etc.) 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
22c. PHYSICIAN'S NAME (Type) Richard T. Binford, M. D. 23a. BURIAL CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 8-8-67 Rest Haven	22d. ADDRESS 1135 Potomac Avenue Hagerstown, Marylar OR CREMATORY 23d. LOCATION (City, town or county) (State)
24. EUNERAL DIRECTOR Minnich Funeral Home, Hagerstown	1 25a REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE

VR AI5 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11603 11591 CERTIFICATE OF DEATH The law requires that the deoth certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY Maryland WASHINGTON Montgomery MARYLAND papers. Pages N hin 72 hours after b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)

HAGERSTOWN c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Rockville 2 DAYS .⊑ d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? filled 10401 Gresvnor Place Washington County Hospital NO X 3. NAME OF Middle 4. DATE carbon Day Year DECEASED 67 Sallie August 11 Elizabeth Cornwall (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 8 DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE NEVER MARRIED 7. MARRIED remoye birthday) FEB. 24. 1889 and in any WIDOWED DIVORCED physician and c 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR during mast at working life events retired) INDUSTRY Home COUNTRY? RELIANCE. VIRGINIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removol, CATHERINE DERFLINGER JAMES L. SARGEANT ottending popermit. The 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 10401 AGROSVNOR PLACE. (Yes, no. or unknown) (If yes give war ar dates of service) 578-20-5978A MRS. ALMA PIPER, ROCKVILLE. MARYLAND. cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) signed by the burial-transit p PART I. DEATH WAS CAUSED BY ONSET AND DEATH Arteriosclerotic heart disease - fibrillation IMMEDIATE CAUSE (a) vear DUE TO Canditians, if any, which gave acute coronary thrombosis 20 min rise to immediate cause (a), DUE TO stating the underlying cause O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retoined by the hospital or ottending last 19. WAS AUTOPSY PERFORMED? has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO K WAXX upper thigh amputation left 8-11-20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR ATTENDING PHYSICIAN: 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (Caunty) (State) 20c. TIME OF INJURY Manth. Day, Year factory, street, affice bldg., etc.) TO FUNERAL DIRECTOR: After 21. I certify that (I) (this ymyspirgt) attended the deceased fram___ 8-10-, 19 67, ta 8-11-_, 19_67, that (I) (XXX) last 19 67, and that death accurred at 9.33 M, fram causes and an the date stated above saw the deceased alive an 22b. DATE SIGNED 22a. SIGNATURE STAFF PHYS. AUGUST 12, 1967 director, page 3 should be filed v DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S 1229 Ravenwood Heights. Hagerstown. Md. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (County) BUREMOVAL (Specify) Ft Lincoln Cemetery Mt Kainer Prince Geo Md 8-14-67 ADDRESS 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 Robert A Pumphrey 7557 Wisconsin Ave

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11592 11604 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY Washington o. STATE Maryland b. COUNTY Frederick 2 D MARYLAND delay b. CITY OR TOWN (If outside corporate limits, write RUPAL and give negrest town)
Hagerstown c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Rosemont d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) the State Dep d STREET ADDRESS e. IS RESIDENCE ON A FARM? Washington County Hospital pencil in Item 18. Give Pages YES NO This certificate shauld be executed within 24 hours after death. alang with NAME OF First Middle 4. DATE Month Lost Doy Year DECEASED 0F Edward 20 Dawson Thomas 67 (Type or print) DEATH 19 SEX 6. COLOR OR RACE 7. MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED DATE OF BIRTH Lost birthdoy) Months Dovs Hours white 16/56 male DIVORCED WIDOWED Office 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY Maryland the Chief Medical Examiner's bages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME within 72 haurs, Norman L. Dawson Ella Mae Virts . = 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO Address permit. I (Yes, no, or unknown) (If yes give wor or dotes of service "pending" Norman L. Dawson no Rosemont 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit event \ ONSET_AND-DEATH IMMEDIATE CAUSE (o) writing the ward duy Conditions, if ony, which gove farwarded ta rise to immediate couse (o). 9 stoting the underlying couse 0 pup 20 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO SEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 9. WAS AUTOPSY PERFORMED? YES NO remayal, TERTIFICATION please execute the certificate, 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port L or Port II of item 18.) 3 shauld PRIMARY For CONTRIBUTING CAUSE OF DEATH. 4 shauld cremation, ar EXAMINER: Riding Bicycle while 20c. TIME OF INJURY Month, Day, Yeor (City or town) (County) (Stote) foctory, street, office bldg., etc.) Not While FUNERAL DIRECTOR: Page Nr. Brunswill at work ot work 21. I certify that I took charge af the remains described above, held an Autopsy Inspection ond in my opinion Notural causes directar. death resulted fram: Accident 2 Suicide Hamicide retained Undetermined manner CHIEF MEDICAL EXAMINER 2 22. DATE SIGNED SIGNATURE ealth priar funeral pe Edward W. Ditto, III. NAME (Type) Address (Street, city, town, or county) gerstown. 23o. BURIAL, CREMATION DATE THEREOF 23d. LOCATION (City or Town) 0 St. Mary's Cemetery Petersville Md. 250. REC'D BY REGISTRAR AUG 23 Brumpawick Md. 2Sb. REGISTRAR'S SIGNATURE VR A 15ME (5) 6M 1/67

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1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	11593 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11605
HEALTH DEPIT	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY
hat selly	Washington MARYLAND MARYLAND Washington
necessary fine funeral 5 may be Department	b. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL and give nearest town) # CAPPES True al. C. LENGTH OF STAY IN 1b # CAPPES True al.
mece ne fine fine spar ter (# dyekstown, 928 days Hayerstown d. Name of Hospital Or Institution (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIGENCE
ay 3 to ft 3 to ft Page tate Duurs af	ON A FARM?
P S Ge	3. NAME OF First Middle Lest 4. DATE Month Day Year
M3 M3	OF (Type or print) Mark Irving Degrange DEATH Quy. 6, 1967
fth. If a formal file of the f	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. OATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
	/// WIDOWED 01VORCEO 000, 4,17953 /3 yrs.
er dea ive Pa with with I and event	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KINO OF BUSINESS OR II. BIRTHPLACE (State or foreign country) 11c. CITIZEN OF WHAT COUNTRY?
afte ong es 1	Student None manyland 21.5.4. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
n 18. Ge along pages 1 in any	Chaples Degrange Theda E. Sours
24 ho Iten Office and	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address M.J.
LEXAMINER: This certificate should be executed within 24 hours after describinate, writing the word "pending" in pencil in Item 18. Give Pashould be forwarded to the Chief Medical Examiner's Office along with files. TOR: Page 3 should be used as a burial-transit permit. File pages 1 and designated agent, prior to burial, cremation, or removal, and in any event	(Yes, no, or unkown) (If yes give war or dates of service) 213-48-6861 Mr. & Mrs. C. 9. DeGrange 906 Marion St. Hagerstown
within pencil in miner's permit.	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
uld be executed I "pending" in Sf Medical Exan a burial-transit i cremation, or i	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Silateral Bounche procumonia 4-5 days
ding ding cal rtrai	Conditions, If any, which I be sundary Massive Race States (4 425
be (benurial	gave rise to immediate
ould 'rd '	cause (a), stating the DUE TO UIFG De Core bra 4 min
ficate shou the word o the Chie used as a to burial,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
the the of the use to 1	YES NO 🔀
cate, writing cate forwarded to 3 should be agent, prior	20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
his wri	CAUSE OF DEATH. Fell From bicycle, Striking Back of Head 20c, TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20t. (City or town) (County) (State)
for for age	Hour a.m. While Not While factory, street, office bidg., etc.)
EXAMINE THE CERTIFICATION OF A Should be In files.	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion
EXA he ce should files. 108: 1	death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner
2 4 7 3	CHIEF MEDICAL EXAMINER
	ACTUAL SIGNATURE CLIGATE WITH M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
TY BEAL TO THE STATE OF THE STA	EXAMINER'S WED it to III, MI DEPUTY MEDICAL EXAMINER (S/6/67 NAME (Type) 2/2/1/2 (1/2007) (1/2007) (1/2007) (1/2007) (1/2007) (1/2007) (1/2007)
TO DEPUTY M please exec director. Pa retained for TO FUNERAL I of Health ou	23a. BURIAL, CREMATION, 23b. DATE THEREOF / 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
To direct	REMOVAL (Specify) Burial 8/8/67, Rest Haven Cemetery Hagerstown - Washington - Md. 24. FUNERAL DIRECTOR 17. ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
n	24. FUNERAL DIRECTORULE. C. Was + ADDRESS 25a. REG'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A15ME 3500 4-64	Rest Haven Funeral Chapel Hagerstown, Md. DATE AUG 9 1967 Illianles Judge

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death Page 4 may be retained by the hospital or attending physicion.

VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

11608

11594

CERTIFICATE OF DEATH

		- и							
1.	PLACE OF DEATH				2. USUAL RESIDENCE	E (Where deceosed I	ved, if institution	n: Residence befo	re odmission)
	o. COUNTY	Washingt	ON.	MARYLANI	o. STATE MOA	cyland	b. COUNT	Washin	aton
-	L CITY OF TOWN	(If outside corporate limits,		LENGTH OF STAY IN 1b		1	Za DUD A	WWII	puri.
	write RURAL or	id give negrest town)	2000	. LENGIR OF SIAT IN ID		f outside corporote li		L ond give neore	st town)
		Magersto			Ru	ral Hage	rstown	and the second	1.1
	d. NAME OF HOSPI	TAL OR INSTITUTION (If not i	n hospital, give	street oddress)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
	Was	hington Coun	ty Hosp	ital	R#	: 3			YES NO
3.	NAME OF	First	1111111	Middle	Last	4. DATE	Month	Doy	y Year
	(Type or print)	Harve	y	Grant	Delanter	OF DEATH	Augus	it 29	19 67
S.	SEX	6. COLOR OR RACE	MARRIED X	NEVER MARRIED	8. DATE OF BIRTH	9. AC	E (In yeors	IF UNDER 1 YEAR	IF UNDER 24 HR
	Male	White	WIDOWED	DIVORCED [Sept. 29.1	875		Months Doys	Hours Min.
100		N (Give kind of work done	_	OF BUSINESS OR		inty & Stote, or foreign	113.	12. CITIZEN O	EWHAT
dui	ring most of working	life, even if retired)						LESA TRY	
	20	irner	F	griculture		y Fred. Co.	, Md.	LIDH	
13.	FATHER'S NAME				14. MOTHER'S MAID	EN NAME			
		David H	Delan	ter	Cat	therine Lo	mise Ho	over	
15	. WAS DECEASED EV	ER IN U.S. ARMED FORCES?	16. 500	IAL SECURITY NO.	17. INFORMANT		Address		
(Y	es, no, or unknown)	(If yes give wor or dotes of s	ervice) 218.	-34-3430	ing D. Delante	. D#2	Hacara	tome Md	
-					ny sociume	1 1 II)	Nugero		
	18. CAUSE OF D	PEATH (Enter only one couse ATH WAS CAUSED BY:	N /	()	1 * (11-		IN OA	TERVAL BETWEEN
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	400	DUE TO	5		100	0	1		
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	PART II OTHER S	IGNIFICANT CONDITIONS CON		DEATH RUT NOT RELATED	TO THE TERMINAL DISEASE	CONDITION GIVEN IN	PART 1(a)	119	WAS AUTOPSY
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CERTIFICATION	00 1660	about a		- intective		voge		,	YES NO
RTIF	2Do. ACCIDENT WA	S UNDERLYING G CAUSE OF DEATH	20b. DESCR	IRF HOM INJURY OCCUR	RED. (Enter noture of injury	in Port I or Port II	of item 18.)		
		MEDICAL EXAMINER)	1						
MEDICAL		URY Month, Doy, Yeor	2Dd. INJUI		. PLACE OF INJURY (Home,	form. 20f. (Ci	y or town)	(County)	(State)
ME	Hour o.	m. m. 19	While of work	Not While	foctory, street, office bldg.,	etc.)			
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		eceased alive an	2 7 2 4	10/27 and	that death occurred		am causas as	nd on the dat	to stated abo
	220. SIGNATURE	eteuseu unve un	000		mur deam accorred	u	um cuoses ui	22b. DATE SIGN	
	220. 30MATGA	MANASON.	1		ATTENDING	MED.	STAFF		3-67
	- 16	0000 0011	ea_		M.D. PHYS.	DIRECTOR L	PHYS.		07
	22c. PHYSICIAN'S NAME (Type	METR	, Ki	+	22d. ADDRESS	1210-0	1	11/1	
		111111111	14111	1	Will	onespe	27 1	will	
230	D. BURIAL, CREMATI	ON, 23b. DATE THERE	OF	23c. NAME OF CEMETERY		23d. LOCATI	ON (City or Town		, , , , , , , , , , , , , , , , , , , ,
	REMOVAL (Specif	1 × 9/1/6	7.	Rest Haven	Cemetery	Hages	stown	Washin	gton Md.
2	4. FUNERAL DIRECT	OR (1)	Harst	ADDRESS		REC'D BY REGISTRAR		STRAR'S SIGNATU	
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1595 11667 CERTIFICATE OF DEATH **ATTENDING PHYSICIAN:** The law requires that the death certificate <u>be executed</u> within 24 haurs after death funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY Washington MARYLAND b. CITY OR TOWN (If outside carporate limits, write RURAL ond give negrest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Urs Hagerstown hin 72 hou illed in ! papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS filled 10 701 S. Potomac St. 701 S. Potomac St. YES NO NO carban NAME OF Middle event, wit 4. DATE Dov Year DECEASED OF DEATH Franklin Dowler August. 1967 (Type or print) SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In veors IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED birthdoy) Months Dovs Hours White 9eb.23.1897 Male WIDOWED DIVORCED remi OU SON 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) Mdse. & Groceries Bedford. Penna. Deliveryman 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval, attending phy Harvey E. Dowler Cora M. Miller Address Hagerstown, Md. 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT (Yes. no, or unknown) (If yes give wor or dotes of service Mrs. Edith Dowler 701 S. Potomac St. 214-09-7559 Ues crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) p by the haspital ar attending physician. signed ! DUE TO burial, Conditions, if any, which gove (b) rise to immediate couse (a), DUE TO stoting the underlying couse as the last has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? af Health NO certificate 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (State) (County) Hour 'o.m foctory, street, office bldg., etc.) 21. I certify that (1) (this haspital) attended the deceased fram , 1962, that (I) (we) fast Page 4 may be retained 19 67, and that death accurred at TEPM, fram causes and an the date stated above. saw the deceased alive an O FUNERAL DIRECTOR: 220. SIGNATURE 22b. DATE SIGNED ATTENDING MED. DIRECTOR M.D. PHYS. PHYS. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23b. DATE THEREO! NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL, CREMATION. (County) REMOVAL (Specify) 8/10/67 Rest Haven Cemetery Hagerstown-Washington-Md Burial REC'D BY REGISTRAR VR A15 (4) 25M 1/67

Hagerstown Md

Rest Haven Juneral Chapel

1967

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CERTIFICATE OF DEATH

1.	PLACE OF DEATH o. COUNTY	Washi	raton	MARYLA	a. STATE	Marya		d lived, if institution b. COUN	TV .	before odm	
	b. CITY OR TOWN (write RURAL an	(If autside corporate limit d give nearest town)	s,	c. LENGTH OF STAY IN		WN (If autsid	de corporote	limits, write RUR		a	
	d. NAME OF HOSPIT	TAL OR INSTITUTION (If n		54 yrs.	d. STREET ADI		rstowi	r		Leis R	ESIDENCE
		lackson Con			d. Sikter Apr		V. Mull	berry St	•		A FARM?
3.	NAME OF DECEASED (Type or print)		rst rerine	Middle Lydica	Ebersole		OF DEATH	August		Day 16	Year 19 67
S.	SEX Female	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRT		9.	AGE (In years Jast birthday) Yrs.	IF UNDER 1 Y Months D	EAR IF UN Days Hau	DER 24 HRS. rs Min.
10d dur	a. USUAL OCCUPATION ring mast of working Pactor		Pip INI	nd of Business or Dustry e Organ Mfa	11. BIRTHPLAC				12. CITIZ USA	EN OF WHA	
13.	. FATHER'S NAME	n			14. MOTHER'S						
		Peter				nnie	(La	st name i			
15. (Ye	es, no, or,unknawn)	R IN U.S. ARMED FORCES? (If yes give war ar dates	of service) 16. S	SOCIAL SECURITY NO. 4-09-3640	17. INFORMANT Mrs. Elizab	eth Ho	oupt		sHager ulberr		,Md.
	18. CAUSE OF DEATH (Enter only ane cause per line for (a), (b), and (c).)									INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (0) Typerturne with voscion forms									2angle		
Conditions, if any, which gave (b) (Certexies Selectics)										Jus	lex,
	stating the unde		TO (c)								
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)								394	19. WAS A PERFO YES	UTOPSY RMED? NO
CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	SCRIBE HOW INJURY OCCU	RRED. (Enter nature of	injury in Part	t I ar Part I	l af item 18.)			
MEDICAL		URY Month, Doy, Yeor	20d. IN While of work	Nat While	De. PLACE OF INJURY (H factory, street, affice		20f.	(City ar tawn)	(Count	у)	(Stote)
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	to the decease of the one of the other of th								22b. DATE		
	22c. PHYSICIAN'S NAME (Type)		NEW	LEY	22d. ADDF 148	ESS W. W	rsh.	Ar. H.	og as	tour 1	W-
230	BURIAL, CREMATIC		EREOF	23c. NAME OF CEMETER	RY OR CREMATORY		23d. LOCA	ATION (City or Tow	(Co	ounty)	(State)
0.4	Burial	18/18/	67		n Cemetery			erstown		ingto	n-Md.
24	1. FUNERAL DIRECTO	00 4.4.	Hou	ADDRESS		ATTAUG		967 2Sb. REG	SISTRAR'S SIGN	VATURE Que	ar.
	hese Mau	en Juneral	chapel	Hagerstow	milda I	DAISHO	M T I	The book	- , -	1 6	1

remave carban papers. Pages Land 2 any ment, within 72 haurs after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by director, page 3 shauld be detached far use as the burial-transit permit. Then please permaye carban papers. Permayled be filed with the State Dept. af Health priar to burial, cremation, or remayal, and it armsen, within 72 hours.

VR A15 (4) 25M 1/67

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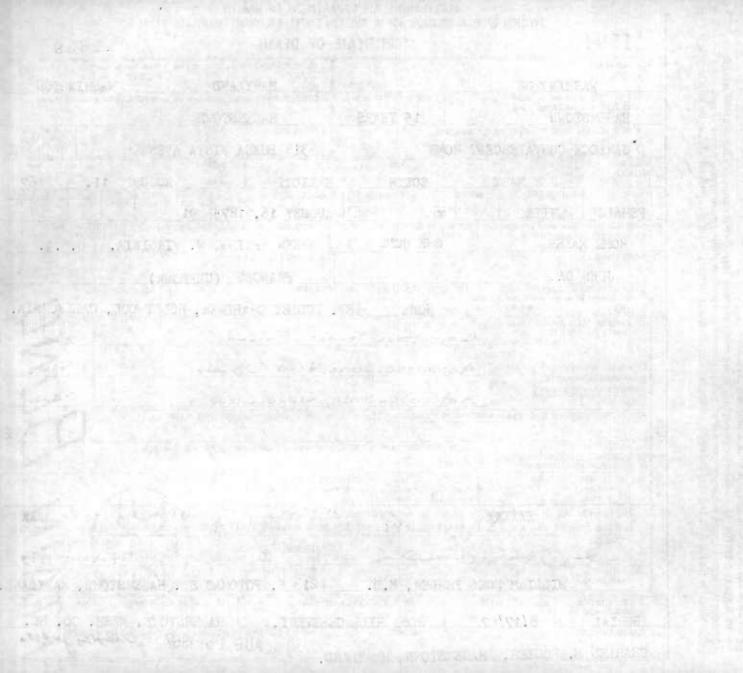
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	44700	DIVISION OF \	VITAL RECORDS, 301 W.			, MARYLAND 21201	
	11597		CERTIF	ICATE	OF DEATH		11609
1.	PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Whe	re deceased lived, if institution b. COUNTY	: Residence before admission)
1	WA	SHINGTON	MARY	1	MARYL	AND	WASHINGTON
	 b. CITY OR TOWN (II write RURAL and 	f autside carparate limits, give nearest tawn)	c. LENGTH OF STAY II			le carparate limits, write RURAL	and give neorest town)
	HAGERS	TOWN	15 YEAR	S	HAGERS	STOWN	→/ (
		AL OR INSTITUTION (If nat in h			d. STREET ADDRESS	TITODA ATTENTIO	6 IS RESIDENCE ON A FARM?
3	NAME OF	K CONVALESCEN	VI HOME Middle			VISTA AVENUE	YES NO X
J.	DECEASED (Type or print)	MARY	EDITH		ELLIOTT	OF DEATH AUGUST	
S.	SEX		MARRIED NEVER MARRIED		. DATE OF BIRTH	9 AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
	FEMALE	WHITE W	IDOWED DIVORCED		AUGUST 16, 18	last birthday) 7	Manths Days Haurs Min.
10	o. USUAL OCCUPATION	(Give kind of work done	10b. KIND OF BUSINESS OR	7.83	11. BIRTHPLACE (County & St		12. CITIZEN OF WHAT
	ring mast af warking t HOME M	IAKER	OWN HOME			NG, W. VIRGINI	COUNTRY?
13	. FATHER'S NAME			1131	14. MOTHER'S MAIDEN NAM		
10	JOHN	DARR	W COCIAL COCIDITY NO	17 10	FRANCES	(UNKNOWN)	
(4	es, na, ar unknawn)	R IN U.S. ARMED FORCES? (If yes give war ar dates of serv	16. SOCIAL SECURITY NO.		NFORMANT	Address	OD CALTEODATA
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L	PART I. DEAT	H WAS CAUSED BY:	Compessive	14=	ART FAILU	va a	ONSET AND DEATH
	4200	IMMEDIATE CAUSE (a) DUE TO					
	Canditians, if any,	which gave) (b)	ARTERIOSCLE	יתטרופ	HEART DIS	SEASE	YEARS
	rise to immediate stating the under						V-
	last.) (c) _	ARTERIOSCUE		*		YEMES
NO	PART II. OTHER SIG	GNIFICANT CONDITIONS CONTRI	IBUTING TO DEATH BUT NOT REL	ATED TO T	HE TERMINAL DISEASE CONDIT	TION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
MEDICAL CERTIFICATION	One ACCIDING WAS	INDEDIVING T	Joh Decopies from minor of	CHORER 4	Enter pature of lains is De-	t or Part II of item 10)	YES NO X
ERTIF	20a. ACCIDENT WAS OR CONTRIBUTING I	CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OF	.cokkto. (cinei nature at injury in Par	i i di rdii ii di iiem 16.)	
CALC	(IF EITHER, NOTIFY A	RY Month, Day, Year	20d. INJURY OCCURRED	20e. PLAC	E OF INJURY (Hame, farm,	20f. (City ar tawn)	(Caunty) (State)
MED	Haur a.m	1.	While Nat While at wark at wark		ary, street, affice bldg., etc.)		
		v that (1) (this the suited	attended the deceased	fram_ 1	1 MAY 199	-7 10 11 Aucust	c, 19 <u>61</u> , that (1) (yew) la
	saw the de	ceased alive on 3	AUGUST 1967,	ind that	death accurred at 5	M, from causes an	nd on the date stoted abov
	22a. SIGNATURE	a 0	8 -		ATTENDING ME	D. STAFF RECTOR PHYS.	22b. DATE SIGNED
	20. DUVELCIANIC	O pal	- Rush	M.D	PHYS. DIE	RECTOR PHYS.	14 August 1967
	22c. PHYSICIAN'S NAME (Type)	WILLIAM NOR	EL FENDER. M.D.	-1.3		OMAC ST. HAGEE	RSTOWN MARYLANI
23	lo. BURIAL CREMATIO					23d. LOCATION (City or Town	
1	IO. BURIAL, CREMATIO REMOVAL (Specify) BURTAT.	8/17/67	THE RESERVE TO SERVE THE PARTY OF THE PARTY			HAGERSTOWN.	
2	4. FUNERAL DIRECTO		ADDRESS	لها بابد	250 PEC'D R	Y PEGISTRAR2Sh REGU	STRAR'S SIGNATURE
	CHARLES	M. ROUZER H	HAGERSTOWN MAT	OVI AN	DATE AUG	10 1901	
-		1			J		



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11598 116:0 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY b. CIFY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)
Hagerstown Maryland Washington

c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) MARYLAND papers. Pages 1 hin 72 haurs after in by the Pages c. LENGTH OF STAY IN 16 Weeks Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS IS RESIDENC filled Avalon Manor 101 East Ave NO DE YES 3. NAME OF First Last DATE Month Day Year DECEASED ELIZABETH EVANS (Type or print) SUSAN August 26 DEATH 9. AGE (In years last birthday)
73 yrs. S. SEX 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH remove Manths White and in any Female WIDOWED DIVORCED Janv 17 1894 and 1Da. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT during mast af warking life, even if retired) Shoe Co COUNTRY? attending physician sermit. Then please Everton Harford Co Md Laborer 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME remayal. Edward Evans Joanna Wakeling 17. INFORMANT 16. SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes af service) 380-10-3368 ы Jack Evans 941 D Lamvale St crematian, Hagerstown INTERVAL BETWEEN CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY: burial-transit IMMEDIATE CAUSE (o) **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. signed by DUF TO burial, Conditions, if ony, which gave rise ta immediate cause (a), DUE TO stating the underlying cause has been WAS AUTOPSY PART II. OFFICE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PERFORMED? NO **DIRECTOR:** After this certificate far ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc. TIME OF INJURY Month, Day, Yeor Haur a.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City ar tawn) (Caunty) (State) factory, street, office bldg., etc.) Not While at work certify that (1) (this hospital) attended the deceased from_ , and that death occurred at he deceased olive on. M, from cooses and on the date stated above. 22b. DATE SIGNED MED. DIRECTOR STAFF PHYS. □28 August 1967 director, page should be filed 22d. ADDRESS TO FUNERAL Richard T. Binford, M. D. 1135 Potomac Avenue Hagerstown, Md. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION 23b. DATE THEREOF (County) (State) REMOVAL (Specify) Rose Hill cemetery | Hage 8/30/67 Wash Co Hagerstown 2Sb. REGISTRAR'S SIGNATURE Hagerstown VR A15 (4) 25M 1/67 Ocharles 1967 DATSEP 5 Coffman Euneral Home Inc

BERNETH TENEDONE TO THE PROPERTY OF THE PARTY OF THE PART a offshi no law & The second of th 130-17-8366 Jaco Myma del P mayero 6t Z.UH /WOULTS NOW and conf such demonds modified to technic MARYLAND STATE DEPARTMENT OF HEALTH

	Division of STATISTIC	AL RESEARCH AND RECORDS, 30	W. PRESTON STRE	ET, BALTIMORE, MARYL	AND 21201
1	11599	CERTIFICATE	OF DEATH		11611
	PLACE OF DEATH o. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (V	Where deceased lived, if institution b. COUN	nn: Residence before admission) Trederick
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give negrest town) Hagerstown	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	tside carporate limits, write RUR Wick	AL and give nearest tawn) / 0 - 3-
	d. NAME OF HOSPITAL OR INSTITUTION (If not in Washington Coun		d. STREET ADDRESS	ourth Avenue	e. IS RESIDENCE ON A FARM? YES NO 🔀
	NAME OF First DECEASED (Type or print) JAMES	Middle HARRY EVE	lost RITTS	4. DATE Month OF BEATH	Doy Year
_		MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 5/14/1892	9. AGE (In years 75 birthday) 75 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Hours Min.
100 du	a. USUAL OCCUPATION (Give kind of work done ring most of working lite even if retired).	10b. KIND OF BUSINESS OR INDUSTRY TO LOYER	Maryland	& State, ar fareign country) đ	12. CITIZEN OF WHAT COUNTRY?
13	Amos Everitts		Ida Mae	Armstrong	
1S (y	WAS DECEASED EVER IN U.S. ARMED FORCES? es, na, ar unknawn) (If yes give war ar dates af s	16. SOCIAL SECURITY NO. 17. Pervice) 705-09-7691 Bi	nformant na Lavinia	Addres a Everitts B	
	18. CAUSE OF DEATH (Enter only one cause PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	11. # 1. 1) #	ullation		INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gove hise to immediate cause (a),	deute myoca	relial in	fretin	one weeks
	stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CON	arterioscleutic	flearl	Luiare	unknom
ATION	19. WAS AUTOPSY PERFORMED? YES NO				
L CERTIFICATION	20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED.		- Children	
MEDICAL	20c. TIME OF INJURY Manth, Day, Year Haur a.m. p.m. 19	While Nat While at wark fact	CE OF INJURY (Hame, farm tary, street, affice bldg., etc.)		(County) (State)
	21. I certify that (1) (this haspi saw the deceased alive an	tal) attended the deceased fram_ 1927, and tha	t death accurred at		, 19, that (I) (we) la and an the date stated abav
	22a. SIGNATURE	all M		MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED
1		autter M D	224 ADDRESS	own. Marylar	าส์

23c. NAME OF CEMETERY OR CREMATORY

Green Hill ADDRESS Brunswick

23d. LOCATION (City or Town)

1967

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Cemetery Mart:

250. RECO BY REGISTRAR

Maryland AUG 8

(State)

(County)

REGISTRAR'S SIGNATUR

VR A15 (4) 20 M 1/66

23a. BURIAL, CREMATION,
BREMOVAL (Specify)

23b. DATE THEREOF

. . . printed and a long of the state ALCOHOL MEDICAL Brack to The craft Control

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

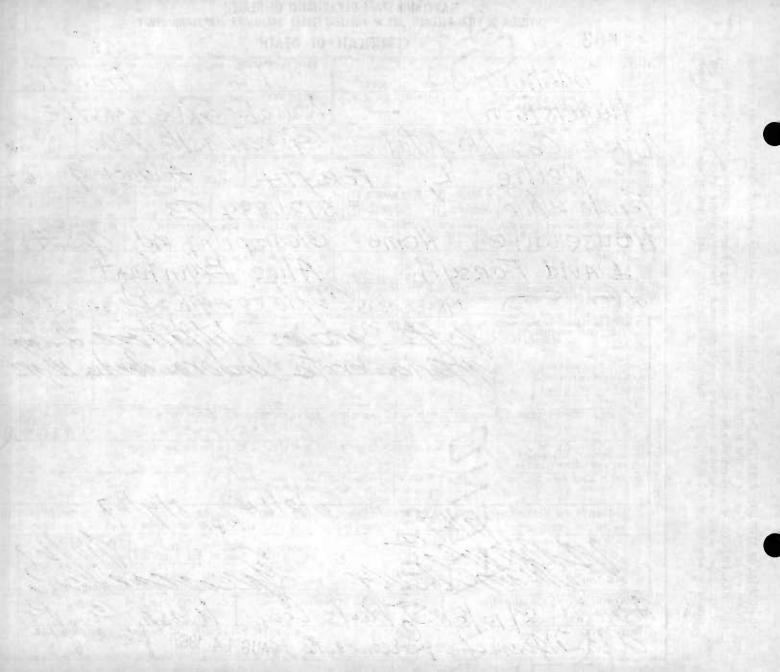
					CERII	ICAIE	OF DEATH				
)		LACE OF DEATH . COUNTY	Wash	ington	MAI	YLAND	2. USUAL RESIDENCE o. STATE	(Where deceos	ed lived, if institut b. COU		,
	b		lf outside corporate limi I give nearest tawn) AGERSTOWN	ts,	c. LENGTH OF STAY	1	c. CITY OR TOWN (If		te limits, write RU		est town)
19	d		al or institution (if n ington Cou				d. STREET ADDRESS				e. IS RESIDENCE ON A FARM? YES NO
	(AME OF ECEASED Type or print	PAYEX	irst 18	Middle	1	Lost E/AUGHE/	4. DATE OF DEATH	Mon Au	g. 19	
	S. S	Male	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRI		1. DATE OF BIRTH 4/16/1898		. AGE (In years last birthdoy) yrs.	Months Doys	
d	Jurin	g most of working Plastere:	(Give kind of work done life, even if retired)	10b. K	IND OF BUSINESS OR NDUSTRY		11. BIRTHPLACE (County Foxville		reign country)	12. CITIZEN COUNTRY U.S.	
		FATHER'S NAME Charles	E. Flaughe:	r			14. MOTHER'S MAIDEN Edith B				
			R IN U.S. ARMED FORCES? (If yes give wor or dates 1942—1944	of service)	SOCIAL SECURITY NO. 2966A		NFORMANT s. Sylvia 1	Va stl er	Addr. Casca		Box 119
		18. CAUSE OF DE PART I. DEAT ### April 1. DEAT Conditions, if ony, rise to immediat	which gave	(o) nu	socarde	if le	schootie,	Heart	Sizer	1	NTERVAL BETWEEN DISST AND DEATH WHITE THE PROPERTY OF THE PROP
3 3	-	stoting the under lost. PART II. OTHER SIG	GNIFICANT CONDITIONS	(c)	TO DEATH BUT NOT RE	LATED TO T	HE TERMINAL DISEASE ()	ONDITION GIVE	N IN PART 1(o)	1	9. WAS AUTOPSY PERFORMED? YES NO
	E	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. D	ESCRIBE HOW INJURY	OCCURRED. (Enter nature af injury i	n Part I ar Port	t II af item 18.)		11.5 10
MEDICAL	= h		JRY Month, Day, Yeor	20d. I While of wor			E OF INJURY (Hame, fa ory, street, office bldg., et		(City or town)	(Caunty)	(State)
		sow the de	fy that (I) (t his ho eceased olive an_		ded the deceased	from_2 ond that	death occurred o	1967, to	8/19 , fram causes	, 19 67 , and an the do	thot (I) (we) la ate stated abov
		220. SIGNATURE	ton m.	Wi	uz	M.D	7 17101	MED. DIRECTOR	STAFF PHYS.	22b. DATE SIG	9/67
1		22c. PHYSICIAN'S NAME (Type)	1/17-10	NM	WEL		A	usto		md.	10.0
A	230.	BURIAL, CREMATIC REMOVAL (Specify Burial			23c. NAME OF CEA	THERY OR C	REMATORY		CATION (City or o		,,
	_	FUNERAL DIRECTO	8/21/	01	Bethel			C'D 8Y REGISTR	z #1	Freder:	ick Md.

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		5,	30 TOWN TOWNSHIELD	
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11603 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR JOWN (If c. LENGTH OF STAY IN 1b c. COY OR TOWN (If outside corporate limits, write RURAL and give nearest etely filled in in Mospital, give street address) IS RESIDENCE ON A FARM? NAME OF Middle DATE Year DECEASED DEATH IF UNDER 24 KR 7. MARRIED NEVER MARRIED IF UNDER 1 hirthdoy) Months Days Hours ond in ony WIDOWED DIVORCED ond 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT physician on please 13 FATHER'S NAM removol, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMAN permit. (If yes aive war or dates of service 0 buriol, cremation, CAUSE OF DEATH (Enter only one couse per line PART I. DEATH WAS CAUSED BY: INTERVAL BETWE burial-transit IMMEDIATE CAUSE (c Page 4 may be retoined by the hospital or attending physician. signed by DUE TO Canditions, if ony, which gove rise to immediate couse (a). stoting the underlying couse of Heolth prior to last GIS has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? NO certificate YES for 2Do. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (City or town) (County) (State) FUNERAL DIRECTOR: After this Haur a.m. foctory, street, affice blda., etc.) Not While of work of work 21. I certify that (1) (this haspital) attended the deceased fram that (I) (we) last saw the deceased alive an and that death occurred at P.M. from eauses and an the date stated above. 220. SIGNATUR **ATTENDING** director, poge s should be filed w M.D. DIRECTOR PHYS. PASSICIAN'S NAME (Type) 22d. ADDRES 23b. DATE THEREO REC'D BY REGISTRAR VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH

Lawrent Lawrence Committee Harrage storm Wightington County Hage to List and and antended Total boars of the last by the state of the control Laurence ____ Statist will by "sen to fine * ova vento fis many . A total 1861-00-18 Slot hear propertied the section of the section of the section and the state of t

and prilless programme to the programme of the programme representation of the the total will many total and it deems and inside the TO WIRE THE WAY TO SHARE THE PARTY OF THE PA Termin Philosophia Transfer of the Parket Land of the Parket of the Park re militaria de rosa d The contract of the contract o Lower by the swortenesses.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11606 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11618 FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) any delay is . 2, and 3 to o. COUNTY Poge Washington Maryland MARYLAND Maryland Washington
c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)

Clearspring #2 C LENGTH OF STAY IN 16 Deportmen 2, and PM3. P 24 Hrs. Hagers town Md. Clearspring d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS with form Union/Resour/Mission Old Mercersburg Road. YES NO in Item 18. Give Pages certificate should be executed within 24 hours after death. 3. NAME OF First Middle 4. DATE Month Lost Year DECEASED (Type ar print) OF Aug. 12 167 Emmert Gosnell George DEATH 4 should be forwarded to the Chief Medical Examiner's Office along File pages 1 ond 2 with S SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) 55 yrs. after death. Dec.6,1911 Male WIDOWED DIVORCED Whi te 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)

Plaster COUNTRY? INDUSTRY Cearfoss, Md. None 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME hours o George W. Gosnell Katherine E. Bovey ⊒. 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Williamsport, Md. within 72 (Yes, na, ar unknawn) (If yes give war ar dates of service) burial-transit permit. 220-10-3229 Patricia Williams 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN event ONSET AND DEATH IMMEDIATE CAUSE (a) writing the word DUF TO in ony Distance + Canditians, if any, which gave rise ta immediate cause (o). DUE TO stating the underlying couse 0 puo 19. WAS AUTOPS)
PERFORMED? be used PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) removol, arilosu Liver the certificate, NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 3 should PRIMARY Or CONTRIBUTING 0 CAUSE OF DEATH cremotion, 20e. PLACE OF INJURY (Home, farm, (City or town) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) Hour o.m. factory, street, office bldg., etc.) Not While Page at wark 21. I certify that I took charge of the remains described above, held an Autopsy Inspection -Inquiry and in my opinion FUNERAL DIRECTOR: to buriol, Accident deoth resulted fram: Natural causes Suicide Homicide | Undetermined monner be retained CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER prior SIGNATURE the funerol W. Wa SELLEWEDISTOEXAMINE I Health | may NAME (Type) Edward W. Ditto, III. Address Afreety Town, or county Hagerstown. 23b DATE THEREOF 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 0 5 Burial (Specify) Rose Hill Cemetery Hagerstown Md RECD BY REGISTRAR 255. BIGGERARS Coffman Funeral Home Inc 24. FUNERAL DIRECTOR Andrew K VR A 15ME (5) 6M 1/67 gerstown, Maryland.

WITH THE REAL PROPERTY OF THE PERSON OF THE respondent to be builties and article Clearing the Anna State Barrens and September 1 Signa inte Housell from Trees agreed Elected to the source of the s George . Goggette . Cambell . Standar . The first of the common of t Andrew E. Uelfman Punamed Hora Lau .bns lyrel, nwor are all

n 1	MARYLAND STATE DEPARTMENT OF HEALTH	01001
	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND CERTIFICATE OF DEATH	
- 8-	CERTIFICATE OF DEATH	1619
offer death he funeral ges 1 and 2 after death	1. PLACE OF DEATH OF COUNTY OF AS HING TON MARYLAND 2. USUAL RESIDENCE (Where deceased lived, if institution: Response of the county of the c	INGTON
by by bours	b CITY OR TOWN (If autside carparate limits, write RURAL and limits, write RUR	ndsor 66-2
n 24 h	FAHRNEY KEEDY MEMORIAL HOME INN HIRITY	e. IS RESIDENCE ON A FARM? YES NO
executed within 24 and campletely filled remaye carbon pape in any event, within 7	3. NAME OF DECEASED (Type or print) MARY CATHERINE (FRAYBILL DEATH AUG	Doy Year // 19 67
campl	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) WIDOWED DIVORCED FEB 7 - 1879 9. AGE (In years lost birthday) Wonth	IDER I YEAR IF UNDER 24 HRS. This Days Haurs Min.
ertificate be exe physician and c hen please remo naval, and in any		2. CITIZEN OF WHAT COUNTRY?
ertificat physici nen ple naval, a	13. FATHER'S NAME SPANEL M HOFF 14. MOTHER'S MAIDEN NAME MIRIAH MYERS	
ne death cei affending p permit. The	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) (If yes give war or dates of service) 2/2-50-02/1 WM HOFF, WESTMINSTE	R MD
equires that the physician. signed by the burial-transit burial, cremat	18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. (c)	INTERVAL BETWEEN ONSET AND DEATH
The la rr attence e has b use as alth pria	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
DING PHYSICIAN: The law reby the hospital or attending lifer this certificate has been be detached far use as the State Dept. of Health priar ta	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II of item 1B.)	
VG PHY / the hr er this e detact ate Dep	20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 20d. INJURY OCCURRED While of wark of the part of the par	(County) (State)
TENDIN ined by OR: After auld be the Sta		19 (, that (I) (we) las on the date stated above
OR Sed w	M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	b, DATE SIGNED
D HOSPITAL OR ATTENI Poge 4 may be retained of FUNERAL DIRECTOR: A director, page 3 shauld should be filed with the	22c. PHYSICIAN'S NAME (Type) Potonstore and 22d. ADDRESS & Whe Van	Krike"
TO HOSPITAL Page 4 may b TO FUNERAL D director, pag should be file	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify) AUG 14-1967 MEMORIAL PARK FRED ERICL	(County) (State)
VR A15 (4)	24. FUNERAL DIRECTOR 250. RECID BY REGISTRAR 25b. REGISTRAL DATALIG 15 1967	R'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11608 11620 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) Washington o. STATE Maryland Washington MARYLAND requires that the death certificate be executed within 24 haurs after b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest tawn) D. O. A. Smithsburg Hagerstown filled in 1 papers. thin 72 ha d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Washington County Hospital Rear 17 E. Water St. NOX YES | completely fi 3. NAME OF 4. DATE First Middle Month Doy Year DECEASED (Type or print) Barbara Guessford 19 67 Ann DEATH August 27, S. SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED X 8. DATE OF BIRTH renpove Doys 29 lost birthdoy) Months 11 Hours DIVORCED August 28,1966 WIDOWED Female. White 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? attending physician permit. Then please None Hagerstown, Md. 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Larry Guessford Paulette Snyder 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) Mr. Larry Guessford, Smithsburg, Md. No. None crematian, signed by the a burial-transit pe burial, crematia CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART 1. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) be retained by the hospital or attending physician DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse ed far use as the t af Health priar ta b has been last PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO certificate 20o. ACCIDENT WAS LINDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (Stote) O FUNERAL DIRECTOR: After this 20c. TIME OF INJURY Month, Doy, Year (City or lown) (County) Hour o.m. foctory, street, office bldg., etc.) Not While 21. I certify that (I) (this haspital) attended the deceased fram. HKG director, page 3 shauld shauld be filed with the saw the deceased alive an 19 City 19 6 7 and that death accurred at 14 9 M from causes and an the date stated above 22o. SIGNATURE 22b. DATE SIGNED **ATTENDING** M.D. 22c. PHYSICIAN'S NAME (Type) 23o. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) (County) REMOVAL (Specify) 8- 29- 67 Rest Haven Cemetery Hagerstown. 24. FUNERAL DIRECTOR RICE BY REGISTRAS VR A15 (4) 25M 1/67 John H. Bast, Jr. 112 N. Main St. Boonsboro, Md Dafe

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31	9.	MARYLAND STATE DEPARTMENT OF HEALTH	ADVI AND
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1621
HEALTH DEPT.	1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: R	esidence hefore admission
(M)		a. COUNTY Washington MARYLAND MARYLAND a. STATE b. COUNTY Maryland Washing	
funeral may be artment		WITTER ROKAL SING GIVE NEGICEST TOWN)	and give nearest town
S m 5 m	-	Hagerstown 1 Day R.F.D. 1, Clear Spring, 1 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE
Page Page Urste D		Washington County Hospital	ON A FARM? YES NO
M3.	3.	DECEASED	Day Year
	5	(Type or print) Lloyd Evers Guessond DEATH SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years) FUNDER	30 19 6.7
ith. If a form P form P within within	٥.	Amail 37 107 last Dirthoay) Months	Oays Hours Min.
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eva we	du	USUAL OCCUPATION (Give kind of work done libb. Kind of Business or ling most of working life, even if retired) Equipment Operator Construction Maryland 12. C	OUNTRY?
ours after 18. Ge along pages 1 in any	13	FATHER'S NAME 14. MOTHER'S MAIOEN NAME	J.D.A.
ours pag f in		Martin Guessford Minnie Hawbaker	
24 hount ltem Office File p	15	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address sp. no. or unknown) (If yes give war or dates of service)	
rit. s		No 212-50-8452 Howard Guessford RFD1. Cles	ar Spring
uted within in pencil in Examiner's Examiner's nsit permit.		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND GEATH
Exa Sit		PART I. CEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) / Dendary / Acute subdural hematoma	ONOLI AND ODATI
0 00		736 9 OUE TO Fracture of skull, occipital	Not known
be ependicularity		conditions, if eny, which gave rise to immediate (b) Cerebral contusion and laceration	
should "word "Chief N		cause (a), stating the DUE TO Cirrhosis of liver	Several
	N	Undarlying cause last. (c) CITTIOSIS OI TIVET PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
the the used to bu	ATIO		YES NO
三 6 4	CERTIFICATION	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert 1 or Part 11 of Item 18	Man Land
rded uld	CER	20a. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Part II of Item 18	
R. This cer forwarded forwarded 3 should b	CAL	factory street office bldg atc.)	unty) (State)
	MEDICAL	Hour a.m. While Not While at work at work — Tactory, street, once bidg., etc.)	
ertification of the pertification of the pertificat		21. I certify that I took charge of the remains described above, held an Autopsy 🕱 , Inspection 🔲 , Inquiry 🔲 ,	and in my opinion
cute the ce age 4 shoul r your files. DIRECTOR: It design		death resulted from: Natural causes 🔲 , Accident 🕱 , Suicide 🔲 , Homicide 🗍 , Undetermined manner	
rte ri ye 4 your IREC1		ACTUAL PLANT OF THE CONTROL EXAMINER ACTUAL	22. OATE SIGNED
		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 9-1-6	
		EXAMINER'S NAME (Type) Dr. E. W. Ditto, Jr. Address (Street, city, town, or county) Hagerst	
D DEPUTY No please exe director. Per retained for FUNERAL of Health of	238		unty) (State)
Dags 5		Sept. 2,67 Little Rose Hill Clear Spring.	Md.
nl	24	Corraca Commission	
VR AISME (5) 5M 1/65		Thompson Funeral Home Clear Spring Ma pateSEP 6 1967 Julian	Cas Jungan

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 11623 CERTIFICATE OF DEATH hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Maryland b. COUNTY Washington Washington MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
Williamsport c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b Williamsport 30 years e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ed ON A FARM? 24 Clifton Drive 3 Clifton Drive NOT YES etel Form within Month Day 3. NAME OF First Last DATE Middle DECEASED 8 74 67 Henesy DEATH 19 Grace (Type or print) Florence requires that the death certificate be executed evel 6. COLOR OR RACE AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. last pirthday) | Months | Days | Hours | Min. 5. SEX 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED remove Days Female 70-77-70 WIDOWED A White DIVORCED 12. CITIZEN OF WHAT = 10b, KIND OF BUSINESS OR 11. RIRTHPLACE (County & State, or foreign country) 10a, USUAL OCCUPATION (Cive kind of work done) during most of working life, even If retired) INDUSTRY Franklin Co. Pa. Hag. Rubber Co. 14. MOTHER'S MAIDEN NAME removal, 13. FATHER'S NAME Amanda Lesher Jacob H. Eberly 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. the attend t permit. 5 (Yes, no, or unkown) (If yes give war or dates of service) Mrs. Mary Carter. Williamsport. Md. 220-16-1228 been signed by the attraction the burial-transit permion to burial, cremation, o INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. WAS AUTOPSY CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) for use Health PERFORMED? certificate YES NO T 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) this cerus. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) (State) 2Df. (City or town) (County) 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. Not While While After at work at work 21. I certify that (I) (this hospital) attended the deceased from P DIRECTOR: age 3 should filed with the 57M, from the causes and on the date stated above. and that death occurred at_ 11 196 saw the deceased alive on 22b. DATE SICNED 22a. SIGNATURE MED. DIRECTOR M.D. FUNERAL I PHYSICIAN'S 22d. ADDRESS 22c. Northern Ave. Hagerstown Md. D Wilson MD. NAME (Type shoul 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF 23a. 9 P REMOVAL (Specify) Williamsport, Md. Greenlawn Cemetery 25a. REC'D BY RECISTRAR _ 25b. REGISTRAR'S SICNATURE FUNERAL DIRECTOR 24. Albert L. Leaf. Williamsport. Md.

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 1625 PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY a. STATE Washington after ve carbon papers. Pages 1 event, within 72 hours after Maryland Washington the MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b hours Hagerstown 1 week Rural Hagerstown = d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Washington County Hospital Reid Road. YES ND within cómpletely 3. NAME DE First Middle Last 4. DATE Month Year DECEASED 67 (Type or print) DEATH August 19 Fdward Hose. Charles executed 5. SEX 6. COLOR OR RACE | 7. MARRIED T NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Iast birthday) | Months | Days | Hours | Min. DATE OF BIRTH sician and clease remove in any WIDOWED DIVORCED 48 Male Jan. 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? and Book-keeper Maryland U.S.A. Parts Washington physi Organ certificate 13. FATHER'S NAME removal, 14. MOTHER'S MAIDEN NAME Charles D. Hose Amanda Griffin 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Reid Address. the attend t permit. 16. SOCIAL SECURITY NO. 17. INFORMANT 0 (Yes, no, or unkown) (If yes give war or dates of service) transit perm cremation, o 215-14-1144 Mrs. Mildred Hose Hagerstown. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH n signed by burial-transit burial-transi burial, crem I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which (b) been gave rise to immediate the to DUE TO cause (a), stating the prior underlying cause last. has as NO WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) for use Health PERFORMED? certificate IFICATI melliTus NO TO YES | eul 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) detached for the Dept. of 1 CERTI OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) this MEDICAL 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) (County) (State) 20c, TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) Hour a.m. Not While After While at work at work 1967, to Aug. 23, 1967, that (I) (we) last TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the the 21. I certify that (I) (this hospital) attended the deceased from Aug. and that death occurred at 11PM, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. DIRECTOR M.D. PHYSICIAN'S **ADDRESS** 22d. NAME (Type) Prospect St. Hagerstown, Md. Charles 23d. LOCATION (City, town or county) (State) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION. 23b. DATE THEREOF REMOVAL (Specify) Williamsport, Wash. Maryland Greenlawn Cemetery 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR Church, St 25a. REC'D BY REGISTRAR 24. VR AIS Williamsport 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1626

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	Hagerst			c. LENCTH OF STAY 3weeks			arps	ide corporat	te limits, wr	ite RURAL	and give	e neares	st town)
d.		SPITAL OR INSTITUTIO			Idress)	d. STREET ADDRES		- C+			θ.	ON A I	
		gton County				214 W.							NO 🔼
DE (T)	ME OF CEASED (pe or print)	FLO		Middle RENO	_	AMISON	4.	DATE OF DEATH	Aug.	1	Oay 4	Yea 19	67
Ma.	le	White	WIOOWED	NEVER MARRIEO DIVORCED		ept. 15 1		60°	E (In years t birthday) yrs.	Months	Days	Hours	Min.
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		siah Jamiso				14. MOTHER'S MA							
15. WA Yes, II	o, or unkown)	EVER IN U.S. ARMED FO (1f yes give war or dates of	service)	7-28-2262		.Martha G	rove	Shar	Addres				
18		DEATH [Enter only one ATH WAS CAUSED BY IMMEDIATE CAUSE	/	ine for (a), (b), and (c).	20	dema	,				INTER	VAL BE	TWEEN DEATH
ga	enditions, If we rise to use (a), s	Immediate OUE	(b)	aperior	ver	a cau	ral	ofi	livel	tion	,	10.1	
	derlying caus	e last.) SICNIFICANT CONDITIO	(c) CONTRIBU	UTING TO DEATH BUT N	TRELATE	EO TO THE TERMINA	L DISE	SECONOITIO	ON CIVEN IN	PART 1(a)	19. YES	WAS AL PERFOR	
2 (II	a. ACCIDENT CONTRIBUT EITHER, NO	WAS UNDERLYING DEATH	TH (20b. (DESCRIBE HOW INJUR	Y OCCURI	REO. (Enter nature	of Injui	ry In Part I	or Part II o	f Item 18.	.)		
MEDICAL 20	c. TIME OF Hour a.r p.i		fear 20d. While at work	NJURY OCCURRED 20 Not While at work	0e. PLACE factory	OF INJURY (Home , street, office bldg.	, farm, , etc.)	20f. (City	or town)	(Cou	anty)	(\$	State)
	saw the de	y that (I) (this hosp ceased alive on	ital) attend			death occurred a	19_ t/#/	, to LM, from t	he causes	and on t		stated	
	c. PHYSICIA NAME (T)	omas V	Cas V.	Craig	M.D.	ATTENDING PHYS. 22d. ADDRESS Hagers		CTOR i	STAFF PHYS.	22b. 0	4	6	7
Bur		Hug.		Mt. View		etery			sburg	Md.			tate)
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10 HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death.

Poge 4 moy be retained by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remaye corban papers. Pages should be filed with the State Dept. of Health prior to buriol, cremation, or remayol, and in any event, within 72 hours at

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CEPTIFICATE OF DEATH

11627

11615 CERTIFICATE OF DEATH

ADDRESS Home

Inc.

1. PLACE OF DEATH a. COUNTY		a. STATE	Where deceased lived, if institution: Residence b. COUNTY	befare admission)
Washington	MARYLAND	Mary.	land Washing	
b. CITY OR TOWN (If autside carparate limits, Hagers town	c. LENGTH OF STAY IN 16		itside carporate limits, write RURAL and give	nearest tawn)
	23 Years	Hagerst	OWII,	
d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital,		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
1320 Murdock Ave.		1220	Murdock Ave.	YES NO
3. NAME OF First DECEASED	Middle	Last	4. DATE Month	Day Year
(Type or print) William	Henry	King	DEATH August	25, 1967
S. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF UNDER I	YEAR IF UNDER 24 HRS. Days Haurs Min.
Male White WIDOWED		Aug.14,1	899 6 8 yrs.	
	KIND OF BUSINESS OR		& State, or foreign country) 12. CITI.	ZEN OF WHAT
during past of warking life, even if retired)	Redired			U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN I		
George Kir			a Springer	
100		INFORMANT	1220 Murdog	r A 110
(Yerrae, or unknown) (If yes give war or dates af service)	14-04-22294ITS	. Blanch	KingHagerstown M	d.
18. CAUSE OF DEATH (Enter only one couse per line for				INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Myocardial in	farction		ONSET AND DEATH
H20/ DUE TO				
Conditions, if any, which gave) (b)	Arterioscler	otic heart	disease	
rise to immediate cause (a), stoting the underlying couse				
last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	NDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
Atrial fibrillation &	congestive hea	art failure		YES NO Z
	DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Part I ar Part II af item 18.)	
	none			
20c. TIME OF INJURY Month, Doy, Year 20d.		CE OF INJURY (Home, farm		nty) (State)
Haur a.m. While p.m. none 19 at wa	e Not While fact	tary, street, office bldg., etc.)		
21. I certify that (I) (this haspital) atte			9 to Aug 25, 196	7, that (I) (we) las
saw the deceased alive an Aug 25			PII M, fram causes and an th	
22a. SIGNATURE			22b. DA	TE SIGNED
Harold RIvita	The M.	n nuive Lat	MED. DIRECTOR PHYS.	
22c. PHYSICIAN'S NAME (Type) Harold R. Trito	h,Jr M.D.	22d. ADDRESS 302	N. Potomac Street	Hagerstown,
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Town) (County) (State)
BREMOVAL (Specify) Aug. 39/67	Rose Hill C	emeterv	Hagerstown Md	

250. REC'D BY REGISTRAR 196

Andrew K, Coffman Funeral Hagerstown, Maryland.

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funeral and 2 death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pag should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours

	DIVISIO 11616	N OF STATISTIC		YLAND STATE DEI EARCH AND RECORDS CERTIFICAT	, 301 W. PRESTO	N STREET		RE 1, N	MARYL	AND	
1.	PLACE OF DEATI a. COUNTY	washingto	n	MARYLAND	2. USUAL RESIDENCE (Where deceased lived, It Institution: Residence before admission a. STATE b. COUNTY Wash.						
	Hagers			c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (if outside corporate limits, write RURAL end Hager stown					1./	
		ood Ave.	N (if not In I	nospital, give street eddress)	d. STREET ADDRESS	od Ave				IS RESIDENCE ON A FARM?	
	NAME OF DECEASED (Type or print)	Nel1		Middle Margaret	Lest Kirk	4. DATE DF DEATH		gust			
	female	6. COLOR OR RACE White	WIDOWED	DIVORCED	8-5-89	9.	AGE (In years last birthday) 78 yrs.			Hours Min.	
			done 10b. i	KIND OF BUSINESS OR INDUSTRY	Chambers	sburg,		CI	ITIZEN O DUNTRY?	FWHAT	
13.	FATHER'S NAM	Charles	Gerb	ig	14. MDTHER'S MAID		innie	Flac	k		
15. (Ye	WAS DECEASED I s, no, or unkown)	EVER IN U.S. ARMED FO (If yes give war or dates o	f service)		harles A.	Kirk.	Winch		r. V	la.	
	PART I. DE	ATH WAS CAUSED 8Y IMMEDIATE CAUSE DUE any, which immediate ating the	(a) TO (b)	line for (a), (b), and (c), 1	Heart Des	eore			INTER	VAL BETWEEN T AND DEATH	
CERTIFICATION		Carron	A it	UTING TO DEATH BUT NOT RELA LE LIVE A DESCRIBE HOW INJURY OCCU	TED TO THE TERMINAL D Loller RRED. (Enter nature of				YES	WAS AUTOPSY PERFORMED?	
MEDICAL CER				INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, fa ry, street, office bldg., e	rm. 20f. (0	City or town)	(Cou	to	(State)	
		ceased alive on	8/16 - Ke	led the deceased from 19 67, and that M.D.	death occurred at	MED. DIRECTOR	staff PHYS.	and on t	he date ATE SIGN	IED	
23a	BURIAL, CREM			23c. NAME OF CEMETERY Rest Haven	Cemetery	Hag	CATION (CIty, to erstown	n, Me	d.	(State)	
24.	FUNERAL DIRE		Home	ADDRESS Hagerstown	, Md . 25a. REC		967 20	Land			

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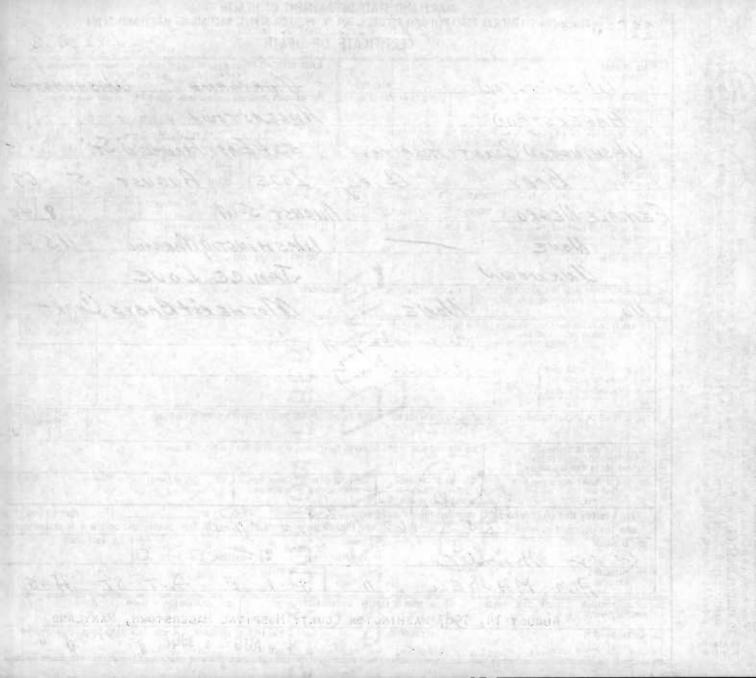
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-	to tella.	A U.J. 8		CLIVIIIICA	TE OF DEATH			
		ACE OF DEATH				(Where deceased lived, if institut		efare admission)/
a)	a	COUNTY WASH.	INGTON	MARYLAND	o. STATE Ma	syland 6. COU	alle	5 eny
	b	CITY OR TOWN (If autside write RURAL and give ne	carparate limits,	c. LENGTH OF STAY IN 16		outside corporate limits, write RU	RAL and give nea	arest tawn)
no		HAGEI	RSTOWN	153		iganville	- 0	
		NAME OF HOSPITAL OR IN			d. STREET ADDRESS	U		e. IS RESIDENCE ON A FARM?
91	_	WESTERN MAR	LAND STATE					YES NO
	(1	AME OF ECEASED ype ar print)	Cecil	2 Elmor	Kline	4. DATE Mon OF DEATH	3. 8	P 1967
9	5. S	X 6. COL	OR OR RACE 7. MAR WIDO	RIED NEVER MARRIED DIVORCED	B. DATE OF BIRTY	9. AGE (In years) lost birthday) 7 yrs.	Manths Da	
1	Oa.	SUAL OCCUPATION (Give kits) The story Spring!	nd of work done	Ob. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Count	ty & Stote, ar foreign cauntry)	12. CITIZEN COUNTS	N OF WHAT
		ATHER'S NAME	1410 1110	Oraço anti-	14. MOTHER'S MAIDEN	N NAME		
		FREDERIE	K Klin	19	IDA L	ettenbaug,	6	
	15.	WAS DECEASED EVER IN U.S.	ARMED FORCES?		17. INFORMANT	Addr	ess	
	(162	na, or unknawn) (If yes gi	ve war ar dates at service)	215-01-5478	Mrs. Cecil E	E. Kline, Corri	ganvill	e, Md.
	T	IB. CAUSE OF DEATH (En	ter anly one cause per lin	ne far (a), (b), and (c).)	1	11-0		INTERVAL BETWEEN
3.97	1		AMEDIATE CAUSE (a)	Congester	re reasy	facture	9	TO CLAIM
	1	$473 \land$ Conditions, if ony, which g	DUE TO	Hy wo otours	ind Homas	+ dines		134.
		ise to immediate couse	(o), (DUE TO	1 Jen all	17 news	aum		2/:
		tating the underlying coast.	iuse (c)					
	2	PART II. OTHER SIGNIFICAN	IT CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE O	ONDITION GIVEN IN PART I(o)		19. WAS AUTOPSY PERFORMED?
2	A S		4	pekinson'	s derear	e		YES NO
2 Political	CEKIIFIC	20a. ACCIDENT WAS UNDERL DR CONTRIBUTING \(\text{CAUSE}\) IF EITHER, NOTIFY MEDICAL	E OF DEATH	Ob. DESCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury i	n Part I ar Part II of item 18.)		
MENCAL	MEDICA	20c. TIME OF INJURY Mon Haur a.m. p.m.	,,	20d. INJURY OCCURRED 20e While Not While at work at wark	PLACE OF INJURY (Home, fo foctory, street, office bldg., et		(County)) (Stote)
		21. I certify that	(I) (this hospital) a	ttended the deceased fran				
			l alive an aug	8 1967, and	that death accurred o	at ZingM, fram causes		
		220. SIGNATURE	laysog	cilla	M.D. ATTENDING PHYS.	MED. DIRECTOR STAFF PHYS.	22b. DATES 8-9	
		22c. PHYSICIAN'S NAME (Type)	VARDO LA	yzequilla	22d. ADDRESS Western	Ud. State Ho.	ep. Alges	Town, Ma
1	23a.	BURIAL, CREMATION,	23b. DATE THEREOF	23c. NAME OF CEMETERY		23d. LOCATION (City or To		unty) (Stote)
0/-		REMAYNI-(Specify)	August 12		unt Cemetery	Cumberland		
7	24.	FUNERAL DIRECTOR		ADDRESS	2Sa. RE	C'D BY REGISTRAR 25b. P	KAR'S SUNA	Alukturlak

Carle Eling Klink & aug. 18 11 w Carda 1900 67 The state of the s IDA DOHAN BANGA FRENEICK KINE distributed and treat and the condition in Congester heart filme 4de Hypertennie Haart dissare 134. Parkinsons dinear 13 & Son "17 & years 1 13 8 600 Mary sog willow 73-8-8 X Nevoses Lagrescilla unter Ild. Stole Horp Repution A A CONTRACT OF THE PARTY OF THE

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a carties the same of the same at the same at the same of the same THE LIBERT OF THE COMME arrived solutionary of M. R. Montage Co. - Busines Co. . Martonia. . D. L. . REAL VIEW OF STREET - DE 1921 - DE 1936 THE RESERVE TO SELECTION OF THE PROSESS OF THE PROS OF THE TARRANT SHEET STATE OF TO A MOUTE TO BE TO THE STORY TO The second of th THE RESERVE OF THE PROPERTY OF THE PROPERTY OF THE PARTY OF THE PARTY



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11633 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY a. STATE FRANKLIN with the State Department of WASHINGTON MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If outside corporate limits, pup PM3 LIFE RURAL MERCERSBURG d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street oddress) ON A FARM INTERVAL ROAD 125 LOUDEN ROAD NO X This certificate shauld be executed within 24 haurs after death. I leate, writing the word "pending" in pencil in Item 18. Give Pages Office alang with Middle 4. DATE NAME OF First Lost DECEASED MARKLE CLIFFORD MATITITW DEATH August (Type or print) IF UNDER 1 YEAR 9. AGE (In years 8. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthdoy) Months Dovs Haurs FEB. 2. 1945 MALE WHITE DIVORCED WIDOWED 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind af wark done 10b. KIND OF BUSINESS OR TNSURANCE CO. GREENSBURG. PENNSYLVANIA farwarded to the Chief Medical Examiner's 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME IDA BAKER FRANCIS EUGENE MARKLE 125 SESLOUDEN ROAD 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, na, ar unknown) (If yes give wor or dotes of service) 205-34-9607MRS. REBECCA M. MARKLE, MERCERSBURG, PENNA. event within INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carbon Monoxide DUE TO in any Canditions, if ony, which gove (b) rise to immediate couse (o), DUF TO stoting the underlying cause Ö and OS 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) remaval, NO IX the certificate, 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 3 shauld shauld l PRIMARY OF CONTRIBUTING D Morking on automobile in garage with doors all closed. CAUSE OF DEATH. 20e. PLACE OF INJURY (Home, farm, 20f. (City ar tawn) 20d. INJURY OCCURRED ? 20c. TIME OF INJURY Month, Doy, Yeor factory, street, office bldg., etc.) Not While of work of wark Hagerstown, Washington, Md. please execute 21. I certify that I took charge of the remains described above, held an Autopsy Inspection x Inquiry , ond in my opinion FUNERAL DIRECTOR: Notural couses , Accident x, Suicide , Undetermined monner deoth resulted from: Homicide | CHIEF MEDICAL EXAMINER 22. DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 215 W. WASH. ST. **EXAMINER'S** W. DITTO. JE. M.D. Address (Street, city, tawn, ar county) HAGERSTOWN. MD. Health NAME (Type) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23g. BURIAL CREMATION 23b. DATE THEREOF 0 REMOVAL (Specify)
BURTAL 8/9/67 RINGGOLD WASH.CO. MOUNTAIN VIEW CEMETERY 25h. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15ME (5 Minerey Judge CHARLES M. ROUZER. HAGERSTOWN. MARYLAND.

TASK WEEKS 1 351 COTYPER NATION STATES CONTRACTOR OF THE OFFICE OF 1995 . 2 1995 . 2 22 E A STATE OF THE REAL PROPERTY. ALTER ATTENDED TO THE METERS OF THE ACTION O ESTACL ELICATE MAINTER CONTRACTOR OF THE STACES 0.54 E35 1 (St Taright Park Randon M. Na ala, Mischellander, State. # 1 wf 1 . Heading his broom harm maked in compensate to merkrof The company Harman Language The state of the s Carrier 2. Solen. Ass. 12 stor. Contrast Montella L. Carrier S. Ca

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE LIMARYLAND CERTIFICATE OF DEATH

	AILTH TOTTLE OF DEATH	11003
1. PLACE OF DEATH a. COUNTY Washington	2. USUAL RESIDENT a. STATE MARYLANO Maryland	CE (Where deceased lived, If institution: Residence before admission by COUNTY methods was shington
write RURAL and give nearest town)	ife c. city or town (if	f outside corporate limits, write RURAL and give nearest town
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital,	~	e. IS RESIDENC
110 Mechanic St	110 Mecha	anic St. ON A FARM?
3. NAME OF First DECEASED (Type or print) Edith Bende	Middle Last er McGraw	4. DATE Month Day Year OF DEATH August 21, 1967
5. SEX 6. COLOR OR RACE 7. MARRIEO NET Female White WIDOWED	ver marrieo 8. Date of Birth Divorced Feb. 3, 1898	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR Iast birthday Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KiND OF I INOUSTRY At Hot	Y	County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIL	DEN NAME
Raleigh Bender	B€	essie grove
15. WAS OECEASED EVER IN U.S. ARMEO FORCES? (Yes, no, or unkown) (If yes give war or dates of service) None	securityno. 17. Informant Allen G. McGra	w Sharpshurg, Md.
Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONOITIONS CONTRIBUTING TO	ODEATH BUT NOT RELATED TO THE TERMINALI	PERFORMEO?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	E HOW INJURY OCCURRED. (Enter nature o	
ZOC. TIME OF INJURY Month, Oay, Year 20d. INJURY O Hour a.m. While Not at work at work at	20e. PLACE OF INJURY (Home, fat While work	arm, 20f. (City or town) (County) (State)
	deceased from , 1 196, and that death occurred at	M, from the causes and on the date stated above
22a. SIGNATURE		MED. STAFF DIRECTOR PHYS. D 8/20/67
22c. PHYSICIAN'S G. W. Le Va	22d. ADORESS	
23a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. REMOVAL (Specify) Aug. 24, 1,967 Mt.	Name of cemetery or crematory View Cemetery	23d. LOCATION (City, town or county) (State) Sharpsburg, Md.
Albert L. Leaf Williamsport	303	C'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Albert L. Leal Williamsport	OATEAU	1624 1967 yellanles Judge

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital or attending physician.

CEDTIFICATE OF DEATH

				CERTIFICATE	OI DEATH					
	LACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare admission)						
0	wash.	inston		MARYLAND	a. SIAIT MARG	Mand	b. COUI	01	legen	4
b	. CITY OR TOWN (If autside write RURAL and give nea	carparate limits,			c. CITY OR TOWN (If ou	itside corpara	te limits, write RUI	RAL and giv	e nearest to	n)
	Hagerston	UN			Route 1	Fro	SHOURG			2/-4
d	NAME OF HOSPITAL OR INS	TITUTION (If not	maryland o. STATE malyland ordered limits, strawn) c. LENGTH OF STAY IN 1b 27 days ROUTE 1, Frostburg d. STREET ADDRESS INTION (If not in haspital, give street oddress) yland State Hospital First Middle Lost 4. DATE OF DEATH OR RACE 7. MARKED NEVER MARRIED DIVORCED DIVORCED JUDOWED DIVORCED JUDOWED 10b. KIND OF BUSINESS OR INDUSTRY NEVER MARRIED 11. BIRTHPLACE (Caunty & Stote, or fareign country maryland 14. MOTHER'S MAIDEN NAME			e. IS	RESIDENCE N A FARM?			
20	estern man	eyband	State Hos	oital					YES	NO L
	AME OF	First		Middle	Lost		Moni	th	Doy	Year
	ECEASED (ype or print)	Jane	Elizabeti	w miche	25/5	DEATH		9.9	C	1967
s. s	6. COLO	R OR RACE	7. MARRIED NEV				. AGE (In years a last birthday)	IF UNDER Months		JNDER 24 HRS
	+ a						51 yrs.			
	USUAL OCCUPATION (Give kind ig mast of warking life, even i			NESS OR	, ,				ITIZEN OF WE DUNTRY?	
	Housewife	, , , , , , , , , , , , , , , , , , , ,	***************************************						24.5.	A,
13.	FATHER'S NAME	240					WAD			
	ANTON URI		distribution of the second			DA LIU				
15. (Yes	WAS DECEASED EVER IN U.S. A , na, ar unknawn) (If yes giv	RMED FORCES? e war or dates af :	16. SOCIAL SECU		NFORMANT	ard D	Addre		TO M	
_			1		RNARD MICHAI	, Cald	1. 19 FR	05100	_	
	18. CAUSE OF DEATH (Enter PART I. DEATH WAS CA				ulas Fai	2000				AND DEATH
		MEDIATE CAUSE (d		Dentile	ular Fai	TUKE	,	-	20	days
-1	Canditians, if any, which go	DUE TO	mites	1 = L noc	is 7 insuff	Galva	011		35	venn
	rise to immediate cause (a), (DIE T					7			115
	stoting the underlying coulast.	Jse (RhEUM.	ratic hea	et diseas	5.			42	42015
-	PART II. OTHER SIGNIFICANT	CONDITIONS COL	-				N IN PART 1(a)		19. WA	SAUTOPSY
TION	a Bacteria				iplz infarch	1. 1		SAISSA	YES D	FORMED?
CERTIFICATION	20a. ACCIDENT WAS UNDERLY				(Enter noture of injury in			5/21-17	1.23	
	OR CONTRIBUTING CAUSE ((IF EITHER, NOTIFY MEDICAL E	OF DEATH								
MEDICAL	20c. TIME OF INJURY Mont	,	20d. INJURY OCCU		CE OF INJURY (Home, farm		(City or town)	(Co	ounty)	(State)
MED	Hour a.m.	19		While Gact	ary, street, office bldg., etc.)				
	21. I certify that	(I) (this hosp	tel) attended the a	leceased fram	144413	967.1	a augi	2 , 196	67, that	(I) (we) le
	saw the deceased	alive an a	ug. 9, 1	9 <u>67</u> , and tha	death accurred at	11:30 N	l, from Auses	and an t	the date s	ated aba
	22a. SIGNATURE	·	10		ATTENDING	MED.	STAFF	- 0	ATE SIGNED	101-
	7	uctar	d. Kan	M.I). PHYS.	DIRECTOR	PHYS.		19.91	
	22c. PHYSICIAN'S NAME (Type)	VICTOR	. I. Pan	os, mid	22d. ADDRESS	Local	estour,	2000	maspin	
00						- 7			7	
230.	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE THER		ME OF CEMETERY OR	S CEMETERY	23d. LU	FROSTBUF		(County)	(State)
		AUG. 12,	7 7 - 7		250 REC'	D BY REGISTE		EGISTRAR'S		
T	FUNERAL DIRECTOR OSEPH R. DURS	ST, SR.,	FROSTBURG	, MD. 2	1532 DAALIE			land	4 11	ye

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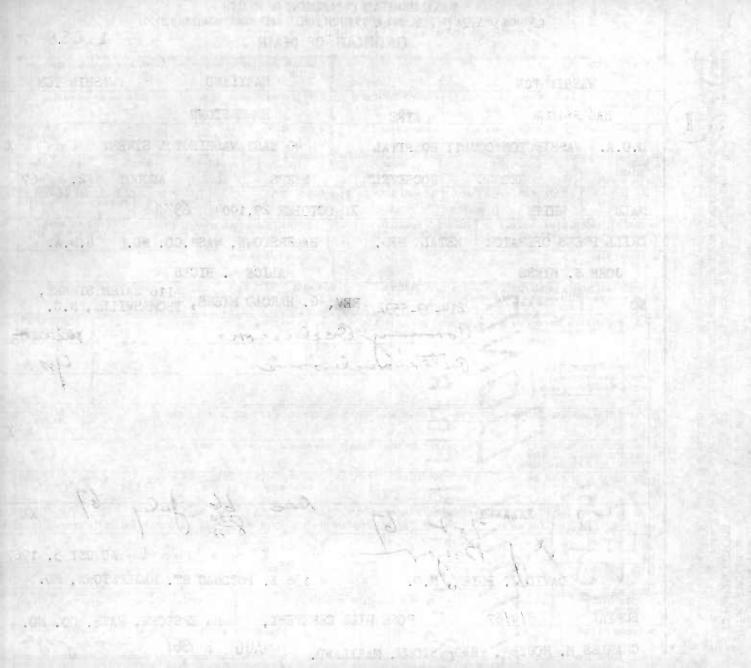
STIT .			ms 18&21 F -11-67 aprisio		M CAL RESEAT	ARYLAND ST	RDS, 301	PARTMENT OF W. PRESTON S	HEALTH TREET, BALTIMO	RE. MARYLA	AND 21201	
FOR ST.	The second		11624					CERTIFICATE			116	3 6
is ta ge	PERMI	1.	PLACE OF DEATH 2. COUNTY	Vashingto	n	MA	RYLAND	2. USUAL RESIDEN a. STATE	CE (Where deceosed li	ed, if institutio b. COUNT		
and and M3.	ate Department haurs ofter dea		o. CITY OR TOWN (If outsid write RURAL and give no Hagersto	eorest town)	II a	c. LENGTH OF STAY		c, CITY OR TOWN (If autside corporate lir Hagersto		AL ond give neore	it town)
1, E	ate Dep haurs of		NAME OF HOSPITAL OR II Washir	nstitution (if nat in a country of the country of t				d. STREET ADDRESS	321 S. P	otomac	St.	e. IS RESIDENCE ON A FARM? YES NO X
death Pag with	5 2		NAME OF DECEASED Type or print)	First		Middle Garfie	ld	lost Moore	4. DATE OF DEATH	Month		
s after 18. Give e alang	with the	S.		OR OR RACE	7. MARRIED [NEVER MARRI	ED 8	7/1/1915	I 9 AG		IF UNDER 1 YEAR Months Doys	
24 haurs in Item I	pages land in any even	10o. duri	USUAL OCCUPATION (Give king most of working life, ever	ind of work done	10b. KINI TWO	O OF BUSINESS OR ISTRY Guys Sto	re	11. BIRTHPLACE (S	tote or foreign country		12. CITIZEN O	
within 24 n pencil in Examiner's	e pages d in an		FATHER'S NAME Samuel G. M					14. MOTHER'S MAIL				
	permit. File emaval, and	(Ye	WAS DECEASED EVER IN U.S. s, no, ar unknown) (If yes a	ARMED FORCES? ive wor or dates of s	16. SC ervice)	-10-2358	17. II	NFORMANT	Moore, 12	Addres Pr	lagersto	wn Md.
nould be executed word "pending" i the Chief Medical	ansit permit. ar remaval,		18. CAUSE OF DEATH (En	nter anly ane cause	per line for (o), (b), and (c).)			with peri		INT	TERVAL BETWEEN
	a buriol-transit cremation, ar re		Canditians, if any, which g	DUE TO	toma a	and mass	ive p	eritonea is, recu	1 hemorrh	age		ecent
e + +	, crei		rise to immediate couse stating the underlying colors.	(a), DUE TO					isease, m	ild		
is certificat e, writing farwarded	used buria	ATION	PART II. OTHER SIGNIFICAN	IT CONDITIONS CON	TRIBUTING TO	DEATH BUT NOT R	ELATED TO T	HE TERMINAL DISEASE	CONDITION GIVEN IN	PART 1(o)		WAS AUTOPSY PERFORMED?
INER: This is certificate, should be fafiles.	shauld be t, priar ta	CERTIFICATION	20o. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTI CAUSE OF DEATH.		20b. DESC	RIBE HOW INJURY	OCCURRED. (Enter noture of injury	y in Part I ar Port II o	f item 18.)		
the 4 sh	age 3	MEDICAL	20c. TIME OF INJURY Mar Hour a.m. p.m.	nth, Doy, Year	2Dd. INJ While ot work	Nat While at wark		E OF INJURY (Home, pry, street, office bldg.,		y or town)	(County)	(Stote)
execute ar. Page d for you	IRECTOR: Podesignated		21. I certify that death resulted from		of the remo	oins described		_		, Inqui	,	in my opinion
JTY MEDICA Iry, please exeral director.	L DIREC		ACTUAL SIGNATURE	190	Si	tha			ICAL EXAMINER MEDICAL EXAMINER		Y.	22. DATE SIGNED
o DEPUTY necessary, p the funeral 5 may be r	TO FUNERAL DIRECTOR: Health or its designate			E. W. Dit	tto, Jr			Address (S	DICAL EXAMINER (2)	unty) Hage:		
TO 1	TO F		BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE THERE 8/6/67	:01	23c. NAME OF CE. Harb			Rura	ON (City or Tow	Frankl	in Co. Pa
VR A1	15ME (5) 1 1/66	2	FUNERAL DIRECTOR	Grav	E	Waynes	bore I		AUG 8 1	367°° 7	STRAR'S SIGNATU	Judge

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Waynesbore Fa.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item#9 Film#6391 8/11/67 ph 11638 CERTIFICATE OF DEATH **OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY WASHINGTON WASHINGTON MARYLAND by III. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) hours HAGERSTOWN HAGERSTOWN T.THE .= d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d STREET ADDRESS IS RESIDENCE ON A FARM? filled 40 EAST WASHINGTON STREET WASHINGTON COUNTY HOSPITAL D.O.A. NO X NAME OF First Middle 4. DATE Month carban Lost Doy Year DECEASED OF DEATH GEORGE ROOSEVELT MYERS AUGUST 1967 (Type or print) 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED lost birthdoy) Months Dovs Hours dny MALE WHITE WIDOWED DIVORCED OCTOBER 27,1904 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY? physician (during most of working life even if retired)
DRILL PRESS OPERAT HAGERSTOWN, WASH.CO. MD. MFG. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remayal. JOHN S. MYERS ALICE V. HICKS attending parties of the WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT 116ddSALEM STREET. (Yes, no or unknown) (If yes give wor or dates of service) ar REV. G. HAROLD MYERS, THOMASVILLE, N.C. crematian, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: burial-transit ONSEY AND DEATH IMMEDIATE CAUSE (o) DUE TO burial, Conditions, if ony, which gove rise to immediate couse (o). DUF TO stoting the underlying couse 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) has of Health NO X this certificate far 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e, PLACE OF INJURY (Home, farm, (Stote) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED (City or town) (County) Hour o.m. foctory, street, office bldg., etc.) Not While ot work 21. I certify that (I) (this the spirot) attended the deceased fram be retained ond that deoth occurred at from couses and on the date stated above FUNERAL DIRECTOR: saw the deceased alive on 22b. DATE SIGNED 22o. SIGNATURE STAFF PHYS. AUGUST 3. 1967 DIRECTOR M.D. PHYS 22d. ADDRESS PHYSICIAN'S O HOSPITAL Page 4 may 136 N. POTOMAC ST. HAGERSTOWN, MD. NAME (Type) BOYER M.D. DAVID J. directar, shauld b 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION (County) (Stote) REMOVAL (Specify)
BURIAL 8/4/67 ROSE HILL CEMETERY 2 HAGERSTOWN WASH C REGISTRAR 256. REGISTRAR'S SIGNATU 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR **ADDRESS** VR A15 (4) Charles DATEAUG 196 CHARLES M. ROUZER. HAGERSTOWN. MARYLAND 25M 1/67



	11697	N OF STATISTIC	AL RESI	EARCH AND RECORDS	6, 301 W. PRESTOI E OF DEATH	•	LTIMORE			
	11066			CERTIFICAT	E OF DEATH			116.	3.9_	
1.	PLACE OF DEATH	H			2. USUAL RESIDENC			ion: Residenc	e before a	dmission)
	Washi	ngton		MARYLAND	Marylan		shing	ton		
	D. CITY OR TOW Write RURAL	N (if outside corporation and give nearest tow	e iimits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If			URAL and gl	ve neare:	st town)
		gerstown	,	8 Hrs	WILL	Lamaport	R #2		2.1	/
	d. NAME OF HOS	SPITAL OR INSTITUTIO	N (if not in	hospital, give street address)	d. STREET ADDRESS				e. IS RES	
		ton Coun	ty Ho	spital	18 Shor	t Drive				ND 3
3.	NAME OF DECEASED	Fi	st	Middle	Last	4. DATE	Month	Day	Ye	ar
	(Type or print)	RUBY	1/12	argaret	NICODEMUS	DF DEATH	August	2	1 19	67
5.	SEX	6. CDLDR DR RACE			8. DATE DF BIRTH	19. AGE	In years IF II	NDER 1 YEAR		
F	Temale	White	WIDOWEI	_	July 29 19	14 53	olrthday) Mon	ths Days	Hours	Min.
10	a. USUAL DCCUPAT	ION (Give kind of working life, even if retire	one 10b.	KIND DF BUSINESS DR	11. BIRTHPLACE (Co	unty & State, or fore		12. CITIZEN		,
uui	House			INDUSTRY Own Home	Hagersto	mn Work	Co Md	CDUNTRY		
13	. FATHER'S NAM			OWIL MOME	1 14. MDTHER'S MAID		OO mag	0.0	n.	
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4.5	Elmer				Maude	Troxell				
		EVER IN U.S. ARMED FO (If yes give war or dates o		S. SDC IAL SECURITY NO. 17.	INFORMANT		Address			
	No		2:	14-09-9926 Le	conard C.	Nicodemu	s.18 8	Short	Dr.	
	18. CAUSE OF	DEATH [Enter only on		line for (a), (b), and (c).]	William	sport Mo	R#2	INTE	ERVAL BE	TWEEN
	PART I. DE	ATH WAS CAUSED BY	(a) Hype	erglycemia & Ac	idosis with	coma			SET AND	
	260									
	Conditions, If			oetes mellitus				II	nknow	m
	gave rise to	Immediate (. ,	30000 MOLLE 040					10000	
	cause (a), st									
Z	underlying caus		(C)	BUTING TO DEATH BUT NOT RELA	TER TR THE TERMINAL O	IOTAOT ODNIDITION	OLVEN IN DADY	1(a) 19.	WAS AL	ITDDEV
Ē						12 EASE CONDITION	GIVEN IN PARI	1(a) 19.	PERFOR	RMED?
701	Ather	osclerosis,	cereb	oral; Ecythyma,	lower legs				ES 🗌	NO E
CERTIFICATION	20a. ACCIDENT OR CONTRIBUTI	WAS UNDERLYING DEATHER MEDICAL EXAMI	H 20b.	DESCRIBE HOW INJURY DCCU	RRED. (Enter nature of	injury in Part I or	Part II of Ite	m 18.)		
MEDICAL	20c. TIME DF I	NJURY Month, Day,	rear 20d.		CE DF INJURY (Home, fai		town)	(County)	(:	State)
EDI	Hour a.n		While	Not While facto	ry, street, office bldg., et	c.)				
Σ	p.n			ded the deceased from A	1 m at 23 10	67 An Asser	2/1	1067 41	had (1) de	mil leal

ATTENDING PHYS. MED. DIRECTOR M.D. 22d. ADDRESS

and that death occurred at 2:1

STAFF PHYS. August 24, 1967 100 Professional Arts Bldg, Hag.,

22b. DATE SIGNED

57, from the causes and on the date stated above.

PHYSICIAN'S NAME (Type) William T. Layman, M.D. BURIAL, CREMATION, REMDVAL (Specify) Burias DATE THEREDF 23b.

NAME DF CEMETERY DR CREMATDRY Cemetery

23d. LOCATION (City, town or county) (State) Hagerstown Wash Co Md.

8/26/67 Rest Haven Co Hagerstown ADDRESS Md Coffman Funeral Home Inc FUNERAL DIRECTOR

25a. REC'D BY REGISTRAR

REGISTRAR'S SIGNATURE 25b.

C.V II Fitodwald | 11FW Two is our gardens more a tag at ALCODANOS ANGUST 24. 85 (1 4 III 85 VIOL short and be the state of - The state of all states of the desired to the state of hyper Arguria - Acidonia ith co.a 210 viaceted allitus C. 1 Atheroscierosis, cerebral; actinyna, lower legs

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11640 11628 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death the funeral ages I and carban papers. Pages 1 and 2 sat, within 72 haurs after death 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH o.,SJATMaryland b. COUNTY Washington o COLINTY Washington MARYLAND b. CITY OR TDWN (If outside corporate limits, CLENGTH DE STAY IN 16 c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn)
Hagerstown Md. physician and campletely filled in by Vrs. Hagerstown Maryl and d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Washington County Hospital Blooms Alley ND TX YES NAME OF Middle Last 4. DATE Year (Type or print) nany event, O'Neal 6 Mary Emma 19 DEATH SEX 6. COLOR OR RACE 9. AGE (In years IE UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED DATE OF BIRTH last birthdoy Months Hours and in any Female Colored WIDDWED DIVORCED April 10o. USUAL DCCUPATION (Give kind of work done 10b. KIND DF BUSINESS DR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN DF WHAT please during mast of working life, even if retired) COUNTRY? INDUSTRY housewife Lancaster own home USA. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME remava George Milburn Mercer Milburn signed by the attending burial-tronsit permit. Th 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SDCIAL SECURITY ND 17. INFORMANT W. Bet (Yes, no, or unknown) (If yes give wor or dotes of service) OL Mrs. Margaret James Hagerstown none crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN DNSET AND DEATH IMMEDIATE CAUSE (o' the haspital ar attending physician. DUF TO Conditions, if ony, which gove (b) rise to immediate couse (a). DUE TO far use as the lifteelth prior talt stoting the underlying couse this certificate has been lost. WAS AUTOPSY PERFORMED? PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) ND 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HDW INJURY DCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) detached for the Dept. of h DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME DF INJURY Month, Doy, Year 20d. INJURY DCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While ot work ot work TO FUNERAL DIRECTOR: After pe 21. I certify that (1) (this haspital) attended the deceased fram. 19_63, ta 8/ 20 . 19_67that (1) (we) last be retained should and that death occurred of 2 P M, from couses and an the date stated abave. 8/20/67-19 saw the deceased alive on. 22b. DATE SIGNED 220. SKGNATURE DIRECTOR PHYS 22d. ADDRESS PHYSICIAN'S NAME (Type) Dr. William O. Rexrode 145 S. Prospect St. Hagerstown, Md. director, shauld b Page 4 BURIAL, CREMATION 23b. DATE THEREDE 23c. NAME OF CEMETERY DR CREMATDRY 23d. LOCATION (City or Town) (County) (Stote) Burial (Specify) 8-26-1967 Rose Hill Cemetery Hagerstown Maryland 25o. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** VR A15 (4) 25M 1/67 25 ocharles

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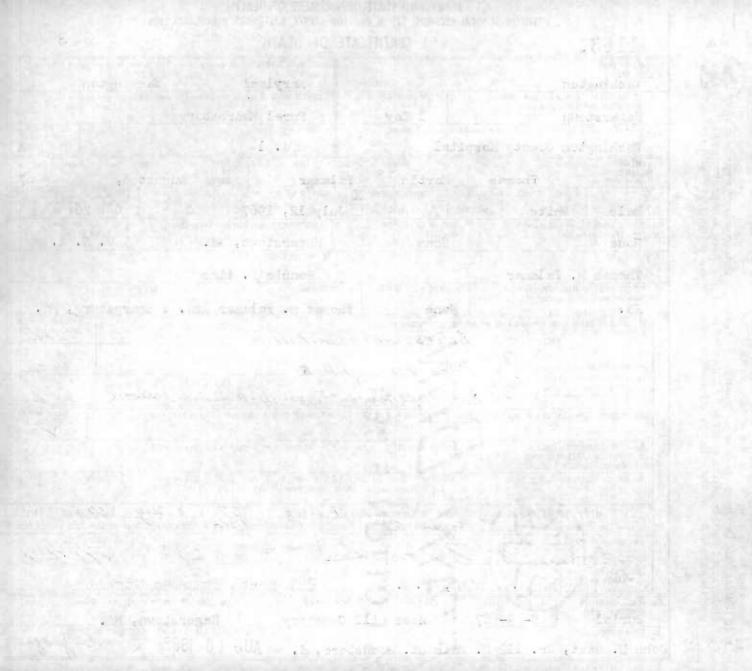
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HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, rages and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.
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DIVISION OF STATISTICAL RESEARCH AND RECORDS	PARTMENT OF HEALTH s, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND E OF DEATH
1. PLACE OF OEATH a. COUNTY Washington MARYLANO	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE Md. b. COUNTY Wash.
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Hagerstown C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Hagerstown
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Washington County Hospital	d. STREET ADDRESS 59 Randolph Ave. 6. IS RESIDENCE ON A FARM? YES \(\subseteq No \(\subseteq \)
3. NAME OF First Middle DECEASEO (Type or print) George William	Packett 4. DATE Month Oay Year OF August 7, 19 67
5. SEX male 6. COLOR OR RACE 7. MARRIED NEVER MARRIEO white widowed Oivorceo	8. OATE OF BIRTH June 14, 1882 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. M
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pipe worker 10b. KIND OF BUSINESS OR INDUSTRY Organ mfg.	11. BIRTHPLACE (County & State, or foreign country) Middleway, W. Va.
James W. Packett	14. MOTHER'S MAIOEN NAME Ella M. Brining
(Yes, no. or unknwn) (If yes nive war or dates of service)	Address ames W. Packett, Hagerstown, Md.
Conditions, if any, which gave rise to immediate cause (a), stating the OUE TO	rombosis rombosis -osis - Seneralized 5 yrs. +
Underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING CONTRIBUTING OR CONTRIBUTING CONTRIBUTING OR CONTRIBUTING CONTRIBUT	ATEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIOENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCION OR CONTRIBUTING CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URREO. (Enter nature of injury in Part i or Part II of Item 18.)
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bidg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	t death occurred at P. M, from the causes and on the date stated above. O. ATTENOING MED. DIRECTOR PHYS. 22b. DATE SIGNED DIRECTOR PHYS. 22d. AOORESS 2/V M - P - S - Hage ratoum, me
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 8-10-67 Rose Hill (Cemetery Hagerstown, Md.
24. FUNERAL DIRECTOR Minnich Funeral Home, Hagerstown	25a. REG'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 1, Md. DATE AUG 1 1 1967

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11632 11644 CERTIFICATE OF DEATH era PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY a. STATE h COUNTY WASHINGTON MARYLAND WASHINGTON MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b. OULS HAGERSTOWN WILLTAMSPORT MOS. 22 DAYS d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE .⊑ papers. within 72 ON A FARM? filled WILLIAMSPORT SANITARIUM NO BRYAN PLACE carban 3. NAME OF Middle First 4 DATE Month Last Day Year DECEASED MARY AUGUST 19 67 MADELEINE PEER event, (Type or print) DEATH The law requires that the death certificate be executed IF UNDER 24 HRS S SFX 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR 7. MARRIED 8. DATE OF BIRTH NEVER MARRIED remove last birthday) Months Days Hours and in any WIDOWED DIVORCED WHITE MARCH 30. 1892 FEMALE and 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY OWN HOME COUNTRY? attending physician termit. Then please EMMITSBURG, MARYLAND HOMEMAKER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval, JOSEPH F. LINGG KATHERINE BENTZ 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT 1418 W. CHURCH ST. permit. 220-05-6161 MRS. DOLORES KENDRICK HAGERSTOWN, MD. NO crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH days IMMEDIATE CAUSE (a) Pneumonitis signed by DUE TO burial, Conditions, if any, which gave (b) Arteriosclerotic Vascular Disease 2 vears rise to immediate cause (a). DUE TO stating the underlying cause by the haspital or attending as the last. (Paralysis Agitans WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) has of Health NO OR ATTENDING PHYSICIAN: certificate p 20g ACCIDENT WAS LINDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Hour am factory, street, office bldg., etc.) Not While at work After at work deceased fram Jan. 3, 1967, to Aug. 7, 1967, that (I) (we) last 1967, and that death accurred al: 25 PM, fram causes and on the date stated above. 21. I certify that (1) (this haspital) attended the deceased fram Jan. 3 Page 4 may be retained FUNERAL DIRECTOR: saw the deceased alive an Ang. 22o. SIGNATURE 22b. DATE SIGNED ATTENDING X AUGUST 8. 1967 DIRECTOR PHYS. PHYS. directar, page shauld be filed 22d. ADDRESS 215 W. HAGERST 22c. PHYSICIAN'S O HOSPITAL WASH. NAME (Type) JR. M.D. EDWARD W. DITTO. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY BURIAL CREMATION. 23d. LOCATION (City or Town) (State) (County) REMOVAL (Specify) 8/10/67 2 ROSE HILL CEMETER HAGERSTOWN WASH MD **ADDRESS** 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATUR liantes CHARLES M. ROUZER. HAGERSTOWN, MARYLAND

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11645 CERTIFICATE OF DEATH law requires that the death certificate be executed within 24 haurs after death. the attending physician and camplételmilled in by the funerations is becamit. Then please remove cathon papers. Pages I (and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH b. COUNTY Franklin o. COUNTY WASHINGTON MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural -- Mercersburg, Pa. 14 Days papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? R.D.l WASHINGTON COUNTY HOSPITAL YES NO 3. NAME OF Middle 4. DATE First Lost Year Doy DECEASED LOIA ESTHER **PFOUTZ** AUGUST 25 19 67 (Type or print) DEATH 9. AGE (In yeors lost birthdoy) 3 58 yrs. IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED FEMALE WHITE OCTOBER 10, 1908 X WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life even if retired Tannery Mercersburg, Pa., R. 1 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frederick Filer Effie Lydia Wolf 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dotes of service) 185-09-4046 Mrs. Raymond Eshelman St. Thomas. 0 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: burial-transit CEREBRAL EMBOLUS AND THROMBOSUS RHEUMATIC HEART DISEASE UNKNOWN Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse be retained by the haspital ar attending this certificate has been last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NONE NO 20o. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Dov. Yeor 20d. INJURY OCCURRED (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) O FUNERAL DIRECTOR: After AUG. 11 19 67 to AUG 25 21. I certify that (I) (this hospital) attended the deceased fram_ 1967, that (1) (We) last saw the deceased glive an AUGUST 24 19 67, and that death accurred at 5:25AM, fram causes and an the date stated above 22b. DATE SIGNED 220. SIGNATURE MED. DIRECTOR STAFF M.D. PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) ARCHIE ROBERT COHEN. M. D. CLEAR SPRING, MARYLAND director, g 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF (County) (Stote) Mercersburg.Pa.R Pine Grove Cem. **ADDRESS** 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Mercersburg, Pa. VR A15 (4) 20 M 1/66 nusiger Jun

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MARYLAND STATE DEPARTMENT OF HEALTH MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EYAMINER'S CERTIFICATE OF DEATH

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	1.	PLACE DF DEAT a. COUNTY				a OTATO	h count	titution: Residence before admission)		
		W	ASHINGTON		MARYLAND	a. STATE maryland b. COUNTY FREDERICK				
		b. CITY OR TOW	/N (if outside corpor	ata limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (I	f outside corporate limits, wri	ta RURAL and give nearest town)		
		H	LACERS TOWN	,,,,,	254 days	Route	2, MYERSVIlls	10.2		
01					hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?		
91		WESTERN	MARYLAND S	TATE HO	OSPITAL			YES NO NO		
	3.	NAME OF DECEASED		First	Middle	Last	4. DATE Month	Day Year		
		(Typa or print)	Eliz	abeth	Catherine	REilly	DEATH aug			
	5.	SEX	6. COLOR OR RACI	7. MARRIE	D NEVER MARRIED	8. DATE OF FIRTH	last birthday)	IF UNDER I YEAR IF UNDER 24 HRS. Months Days Hours Min.		
		+	W	WIDOWE		Oct 16,18	87 79 yrs.			
	1Da dur	ING MOST OF WORK	FION (Giva kind of wor ling life, even if retir	k dona 10b.	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	Stata or foraign country)	12, CITIZEN OF WHAT COUNTRY?		
						ma	reyland	21.5.A.		
	13.	FATHER'S NAM				14. MOTHER'S MAIL	DEN NAME			
		Edw	and gre	en		Sarah	ann Hoffma	2n		
	15. (Ye	. WAS DECEASED	EVER IN U.S. ARMED	ORCES? 16	S. SOCIAL SECURITY NO. 17.	INFORMANT	Address	10		
					20-26-6000	age Kou	ludha Mye	wille Tal.		
P.					line for (a), (b), and (c).]	1		INTERVAL BETWEEN		
		PART I. DI	EATH WAS CAUSED E		lateral Ro	20 10 cho 62	elumonia.	ONSET AND DEATH		
1		4040	DU	E TO	, , , , , , , , , , , , , , , , , , , ,		mplicatury			
V		Conditions, If	any, which }	(b)	SECOMO	ary + cc	mysillaruig	, , , , , , , , , , , , , , , , , , , ,		
- ,		gave rise to cause (a), s		ETO	to almoston	10 F2203	ture Bt. Fa	10 HOS.		
		undarlying caus	sa last.	(c) Jul				20047		
0	NO	PART II. OTHER	SIGNIFICANT CONDIT		BUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL	DISEASE CONDITION GIVEN IN P	PART 1(a) 19. WAS AUTOPSY PERFORMED?		
d	CAT	100000	Diabet	25 M.	ellitus			YES NO		
	CERTIFICATION	20a. EXTERNA	CAUSE WAS CONTRIBUTING STITLE	20b.	DESCRIBE HOW INJURY OCCU					
		CAUSE OF DEAT	н.	te	11 2+ Home-	. Fractur	e of At Fa	mu1-		
	CAL		INJURY Month, Day		footo	CE OF INJURY (Homa, fory, street, office bldg., a	arm, 20f. (City or town)	(County) (State)		
10	MEDICAL	Heor a.i	m. Oct 121	67 at wo	a Not Whila at work	Home	Myersville	Fred. Md.		
		21. I certif	y that I took char	ge of the re	mains described above, hel	d an Autopsy ,	Inspection , Inqui	ry 📈, and In my opinion		
		death result	ed from: Natur	al causes	, Accident , Sui	icide , Homici	ide , Undetermined	manner 🗌		
		(0, 1	0	54/	CHIEF MEDICA				
		ACTUAL SIGNATURE	ward-1	N. K.	17/0-111	M.D. ASSISTANT ME	DICAL EXAMINER	22. DATE SIGNED		
		EXAMINER'S					CAL EXAMINER	8/16/67		
2		NAME (Type)		Ditto	III - 217 W. Wa					
	23a	BURIAL, CREM	MATION, 23b. DATE	THEREOF	23c. NAME OF CEMETERY	2.	23d. LOCATION (City, to	wn or county) (State)		
X		Dwill,	aug. 19	, 1967	10000	erar	Myersoul	e, Md.		
M	24.	. FUNERAL DIRI	CTOR 5		ADDRESS		6/D .OUT	GISTRAR'S SIGNATURE		
1		1-aul	+ Kill	Q h	12 ervelle. 2	DATE AL	10 TO 1001 1			

- A A - A -Masyland 354 1045 Route 2, Myreralla Rolly lung 16, 67 Engaleth Camerine Oct 1881 79 A THE STATE OF THE Macylant U.S.A. Sarah ane mfman Edward Greek 220-22-6400 A STATE OF THE STA the state of the s STANDARD STANDARD CONTRACTOR

1	MARYLAND STATE DEPARTMENT OF HEALTH 11635 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH	
tunero L'and er death	DEPTH OF DEATH O. COUNTY WASHINGTON MARYLAND 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence of STATE MARYLAND b. COUNTY WASHI	before admission) NGTON
icion and completely filled in by the fun lease remove carbon popers. Pages 1. and in any event, within 72 hours after	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give representations) BIG POOL BIG POOL	21.1
100 hin 72 h	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS HOME	e. IS RESIDÊNCE ON A FARM? YES NO
	8. NAME OF First Middle Lost 4. DATE Month OF DECEASED LONNIE GRANT REPP 8 6. SEX 6. COLOR OR RACE 7. MARRIED 3. NEVER MARRIED 18. DATE OF BIRTH 19. AGE (In years I IF UNDER 1)	26 19 67 YEAR IF UNDER 24 HRS.
	M WIDOWED DIVORCED AUG. 31.1886 lost birthday) Months C	Doys Hours Min. ZEN OF WHAT
	During most of working life, even if retired) BRAKEMAN WM.R.R. COLETA 1LL U.S 13. FATHER'S NAME	NTRY?
or removol,	WILLIAM G REPP EMMA J HART IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Iff yes give war or dates of service) Address	
	NO 705.10.5394 MATTIE E REPP BIG POOL MD. 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).) PART I. DEATH WAS CAUSED BY: **Managed align** Try/capation**	INTERVAL BETWEEN 5 ONGET AND DEATH
3	4201 Due to	unknown
3	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor Hour a.m. 20d. INJURY OCCURRED Hour a.m. 20d. INJURY OCCURRED Factory, street, office bidg., etc.) (Coun	
	p.m. 19 of work 🗀	
	21. I certify that (I) (the substitute of the deceased from March 31 , 65 , to August 26, 1967 saw the deceased alive an August 18 19 67 and that death accurred at 1:45PM, fram causes and an the	e date stated above.
	220. SIGNATURE M.D. ATTENDING MED. DIRECTOR STAFF DIRECTOR PHYS. 22b. DATE 08/28 22c. PHYSICIAN'S 22d. ADDRESS	
/	NAME (Type) Archie Robert Cohen, M.D. Clear Spring, Maryland	
P.	230. BURIAL, CREMATION, BURIAL, CREMATORY BENEVAL (Secrity) 231. Date thereof ST. PAUL 232. NAME OF CEMETERY OR CREMATORY ST. PAUL 233. LOCATION (City or Town) WASH RURAL CLEARSPRI 244. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 3 SIGNARY 3 OF TOWN WASH RURAL CLEARSPRI 250. REC'D BY REGISTRAR 3 SIGNARY 3 OF TOWN WASH RURAL CLEARSPRI 250. REC'D BY REGISTRAR 3 SIGNARY 3 OF TOWN WASH RURAL CLEARSPRI 250. REC'D BY REGISTRAR 3 SIGNARY 3 OF TOWN WASH RURAL CLEARSPRI 250. REC'D BY REGISTRAR 3 SIGNARY 3 OF TOWN WASH RURAL CLEARSPRI 250. REC'D BY REGISTRAR 3 SIGNARY 3 OF TOWN WASH RURAL CLEARSPRI 250. REC'D BY REGISTRAR 3 SIGNARY 3 OF TOWN WASH RURAL CLEARSPRI 250. REC'D BY REGISTRAR 3 SIGNARY 3 OF TOWN WASH RURAL CLEARSPRI 250. REC'D BY REGISTRAR 3 OF TOWN WASH RURA	NG MD.
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BENTAL: 28/31/67 - ROTE HIMFORM. * INGROVEN WASE. IN.

ASSESSMENT TRANSPORTED TO THE SET OF THE PROPERTY OF THE PROPE

MARYLAND STATE DEPARTMENT OF HEALTH

MARTLAND STATE DEFARITION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

637 -

CERTIFICATE OF DEATH

1. PLACE OF OEATH	***		2. USUAL RESIDENCE (Where deceosed lived, if insti	itution: Residence before admission).	
o. COUNTY Washington		MARYLAND	o. STATE			
b. CITY OR TOWN (If out write RURAL ond give Hagers	side corporate limits, nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If ou		RURAL ond give neorest town)	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)			d. STREET ADDRESS e IS RESIDENCE			
Washingto	n County Hospi	tal	198	Tritle Ave.	ON A FARM? YES NO	
3. NAME OF DECEASED (Type or print)	First	Middle	lost Rock	OF	onth Doy Year	
	OLOR OR RACE 7. MARRIED		B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.	
Male	White WIDOWED	DIVORCEO [Aug. 25, 19	67 birthday)		
100. USUAL OCCUPATION (Give during most of working life, e Restaurant	ven if retired)	IND OF BUSINESS OR NOUSTRY Tenburg Inn		& Stote, or foreign country) Co., Penna.	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME	Juliug Da Cu	ZUMUUZ B ZIM	14. MOTHER'S MAIDEN		U U U U	
Benjamin F	. Rock		Nettie Ve	Nettie Verdier		
15. WAS DECEASED EVER IN L		SOCIAL SECURITY NO.	17. INFORMANT	Ad	dress Penna.	
no (1es, no, or unknown) (11 ye	s give wor or dotes of service)	73-03-1299	Mrs. Flo Rock	198 Tritle	Ave., Waynesboro	
Conditions, if ony, which rise to immediate countries to immediate countries to immediate countries.	DUE TO (c)	Lewille	y arter	down De	gens.	
PARTI II. OTHER SIGNIFICATION OF THE PARTITION OF THE PAR	CANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED	TO THE TERMINAL OISEASE COI	NDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO	
200. ACCIDENT WAS UND OR CONTRIBUTING CA	USE OF DEATH	ESCRIBE HOW INJURY OCCURR	REO. (Enter noture of injury in	Port I or Port II of item 1B.)		
20c. TIME OF INJURY / Hour o.m.	While		PLACE OF INJURY (Home, forn foctory, street, office bldg., etc.		(County) (State)	
	nat (1) (this haspital) atten sed alive an 30 as		that death occurred at	9/ , to 5000 30 M, fram cause	, 14 /, that (I) (we) lass and an the date stated above	
220/SIGNATURE	ud (1/5)	my	M.D. ATTENDING TO	MED. STAFF PHYS.	22b. DATE SIGNED 7	
NAME (Type)	Shard To	Bistord	22d ADDRESS	tomac Av	Hageretry &	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE THEREOF Sept. 2. 196	23c. NAME OF CEMETERY Burns H		23d. LOCATION (City or		
24. FUNERAL STRECTOR		ADDRESS	25o. REC'I		co Franklin, Penn REGISTRAR'S SIGNATURE	
Nalle	y June	Waynesboro,	Penna. DATE SF	P 5 1967	Icharles Judge	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the haspital or attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and camplefely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and shauld be filed with the State Dept. af Health priar ta burial, crematian, or remaval, and in any event, within 72 haurs after deat VR A15 (4) 25M 1/67

-refiners The state of the s medicine nit - oronsenvsw -Falloned County Homeltal 198 Tritle Ave. Crobing and V. . . . Rock of the Aurice Awc. 25, 1900 67 Male of the last of the Mentagrent Manager Oraffenburg Inn Pranklin Co., Penna. U.S.A. limbile Verdiler Benjamin F. Rock A STATE OF 173-03-1299 Its. Fis Rock 198 Tritle Ave., Washeston 200 Durigland Cupt. 2, 1967 | Burna Hill | Rememberry, Franklin, Sanna

PART TO SERVICE TO THE PARTY OF THE PARTY OF

. 1 1	Items 18-21 Film 392 MARYLAND STATE DEPARTMENT OF HEALTH 2-15-67 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
TOD STATE	9-15-67 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
FOR STATE HEALTH DEPT.	44000
. <u>~</u> 9 ₩	o. COUNTY WASHINGTON MARYLAND 6. COUNTY WASHINGTON
delay and 3 M3. Pag tmem	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest tawn) c. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest tawn)
PM3. PM3.	RIBAT. MATIGANSVILLE 1 DAY HAGESDIOWN
fony of 1, 2, or PM:	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) A FARM NEAR HAGERSTOWN d. STREET ADDRESS ON A FARM? 2100 FAIRFAX ROAD e. IS RESIDENCE ON A FARM? YES NO
oges ith farm	
firer death. I Give Poges ong with far the Sete	3. NAME OF First Middle Lost 4. DATE Month Doy Year DECEASED OF ASSECTION OF
r de li tre li t	(Type or print) GEORGE CRITCHER ROPER, JR. DEATH AUGUST 20, 1967
hours after of them 18. Give Office olong value 1 lond 2 with the er death.	S. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Doys Hours Min.
hours at Item 18. Office ol Iond 2 wi	MAIE WHITE WIDOWED DIVORCED MARCH 8, 1915 52 yrs.
hou Item Offii I ond r de	OUNTRY?
24 in lin lir.s rr's es lofte	BRANCH MANAGER I.B.M. NORFOLK, VIRGINIA. U.S.A.
within 24 hours a pencil in Item 18. xaminer's Office o ile poges lond2 w hours ofter deoth.	
d within 24 in pencil in Examiner's Examiner's File poges 2 hours ofter	GEORGE C. ROPER, SR. LOUISE TUCKER
xecuted wit iding" in pe Medical Exan permit. File vithin 72 hon	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT 2100 FATREAX ROAD
ecur ling edic erm thin	YES W.W. II 229-07-7549 MRS.RAY J. ROPER, HAGERSTOWN, MARYLAND.
	IB. CAUSE OF DEATH (Enter only one couse per line (or to), (b), ond (c).) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH
should be e ne word "per o the Chief I buriol-tronsit	IMMEDIATE (AUSE (a) / A / RAA HI YAA / J / J / J / B D PRULLED TO CEROTI III JULIES-
the (the only e only e	866 X DUE TO involving skull, ribs, spine, upper - lower Ext.
the v to t bur	rise to immediate cause (o),
ficate ing the ded 1 as 9 and in	stoting the underlying couse (c), spleen and intestines (c)
ertificate should writing the word wordded to the Change as buriol-treased as o buriol-treased, and in ony everyid, and in ony executions.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
cer arw arw ovol	PERFORMED? YES NO
MINER: This of the certificate, the certificate, at should be faurable. It files. e 3 should be unotion, or remonation, or remonation.	
ild h	20o. EXTERNAL CAUSE WAS PRIMARY 10 or CONTRIBUTING Apparent attempt at landing plane in field - crashing in attempt
NER NER Shouthout	20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote)
EXAMINER: cute the certifoge 4 should oge 4 should ryour files. Poge 3 shou cremotion, o	20c. TIME OF INJURY Month, Doy, Yeor LO: 05 p.m. Aug. 261967 20d. INJURY OCCURRED Not While of work of
MEDICAL EXA pleose execute director. Poge retained for you. DIRECTOR: Poge in to burial, creming to burial, creming to burial, creming the pogenial of the position of the pos	21. I certify that I took charge of the remains described above, held an Autapsy 🔀, Inspection 🔀, Inquiry 🔀, and in my opinion
brital se exector. Pertor. P med for ECTOR.	death resulted fram: Natural causes , Accident , Suicide , Homicide , Undetermined manner
Se secto bull bull bull	CHIEF MEDICAL EXAMINER
Me pleo dir dir to r to	ACTUAL SIGNATURE CLUB COLOR ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
ITY, IY, I'Y, I'Y, I'Y, I'Y, I'Y, I'Y, I'Y	EVA MINIED'S DEPUTY MEDICAL EXAMINER 8/27/67
ro DEPUTY MEDITAL EXAMINER: This certificates necessory, please execute the certificate, writh the funeral director. Page 4 should be farwor 5 may be retained for your files. To FUNERAL DIRECTOR: Page 3 should be used Health prior to burial, cremotion, or removal,	NAME (Type) EDWARD W. DITTO. III Address (Street, city, town, or county) 217 W. WASHINGTON ST
D D D D D D D D D D D D D D D D D D D	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
1	REMOVAL (Specify) CREMATION 8/28/67 CEDAR HILL CREMATORY WASHINGTON, 25 D.C. PADDRESS ADDRESS ADDRE
VR A15ME (5)	- All le Quidalis
6M 1/67	CHARLES M. ROUZER, HAGERSTOWN, MARYLAND. AUG 3 0 1967 gclientes Judge.

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HAGERSTOWN. MARYLAND.

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death

24. FUNERAL DIRECTOR

CHARLES M. ROUZER.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

11653

1. PLACE OF DEATH o. COUNTY Washing	ton		MARYLAND	2. USUAL RESIDENCE (Vo. STATE Marylan	b. CO	tution: Residence before odmission) DUNTY A shington
Write RURAL ond Hagerst			c. LENGTH OF STAY IN 1b		utside carparote limits, write f	RURAL ond give nearest town)
	ton County			d. STREET ADDRESS Rfd. 1		e. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF DECEASED (Type or print)	Firs Gert	rude	Middle Elizabeth	lost Scuffins	4. DATE MO OF DEATH AUGUS	Doy Year 19 67
S. SEX Female	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	B. DATE OF BIRTH August 24,18	9. AGE (In years lost birthdoy)	Months Doys Hours Min.
100. USUAL OCCUPATION during most of working Housewi	(Give kind of work done life, even if retired)	IN	ND OF BUSINESS OR DUSTRY HOME	11. BIRTHPLACE (County	& Stote, or foreign country) e. Maryland	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Adam Fo	rrest			14. MOTHER'S MAIDEN I	NAME	
15. WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give wor or dates of	service)		INFORMANT	Ad fins, Jr. Boo	dress Md.
Conditions, if ony, rise to immediat stoting the under last.	e couse (o), lying couse	10 Av + ce	excoscler of	ic Cardio	vascular	Disease 10 yrs
CATION			O DEATH BUT NOT RELATED TO			19. WAS AUTOPSY PERFORMED? YES NO
	CAUSE OF DEATH MEDICAL EXAMINER)		SCRIBE HOW INJURY OCCURRE	Section 1		
20c. TIME OF INJU-	10	20d. IN While of work	- Not While - f	LACE OF INJURY (Home, form actory, street, office bldg., etc.)		(County) (Stote)
saw the de	y that (1) (this hasp eceased alive an	ital) attend	led the deceased fram 1967, and th	$\frac{2-13}{\text{nat death accurred at}}$, 1	962 to 8-2 1233 A.M., fram cause	s and an the date stated abov
220. SIGNATURE	arles &	7	les .	M.D. ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED 8-29-67
22c. PHYSICIAN'S NAME (Type)	Charles F.			Sm. +h	sburg n	1
230. BURIAL, CREMATIC REMOVAL (SPETITY			Smithsburg		23d. LOCATION (City or Smithsbur	, , , , , , , , , , , , , , , , , , , ,
						REGISTRAR'S SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and calinectar, page 3 should be detached far use as the burial-transit permit. Then please remost shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in ohy VR A15 (4) 25M 1/67

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		• · ·	e Comment

_ 1	1	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
n = =	Way.	11643 CERTIFICATE OF DEATH 11655
after death,	0	1. PLACE OF DEATH a. COUNTY Washington MARYLAND 1. PLACE OF DEATH a. COUNTY Washington MARYLAND Washington MARYLAND
ours aft in by th	Pages nours aft	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Hagerstown C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Hamilton Hotel Hagerstown 92 West Washington St.
a 24 hours	E = 10	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Martin Manor Nursing Home Halfway Hag. Md. Nyrsing/Mone/Manay Hag. Md. Nyrsing/Mone/Mone/Manay Hag. Md. Nyrsing/Mone/Manay Hag. Md. Md. Nyrsing/Mone/Manay Hag. Md. Md. Md. Md. Md. Md. Md. Md. Md. Md
d within maletely	carbon out wit	3. NAME DF DECEASED (Type or print) RICHARD SHEHAN SHEHAN DEATH Aug. 15 19 67
executer and con	ещо	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) Months Days Hours Min. Months Days Hours Min. Min.
cate be e		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret a R.R. POSTAL CLERK R.R. Williamsport Md. 11. BIRTHPLACE (County & State, or foreign country) Ret a R.R. POSTAL CLERK R.R. Williamsport Md. U.S.A
ifical	en l	13. FATHER'S NAME David Shehan Linknown
certi	Then	15 Was December 1970 IN I & MALE PROPERTY IN COUNTY AND A STATE OF THE PROPERTY AND A STATE OF T
e death	permit. Ther	(Yes, no, or unkown) (If yes give war or dates of service) No 758-45-6149 Mrs Catherine Marquardt Dreamer Penn.
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within be retained by the hospital or attending physician. INRECTOR: After this certificate has been signed by the attending physician and completely.	urial, crem	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (c)
CIAN: The law ospital or atte		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
PHYSICIAN: the hospital this certifi	pept. of	
NG PHN by the	, Q •	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) While at work 19 at work
ATTENDING retained by	무무	21. I certify that (I) (this hospital attended the deceased from 1967, 1967, that (I) (we) last saw the deceased alive on 1967, and that death occurred at 1967, from the causes and on the date stated above.
	page 3 filed w	22a. SIGNATURE M.D. ATTENDING MED. DIRECTOR PHYS. 22b. DATE SIGNED 22c. PHYSICIAN'S 12d. ADDRESS 12d. A
TO HOSPITAL C Page 4 may 10 FINERAL DI	director, pa	NAME (Type) 13 13. KNEISLEKS M.D. 148 W. wash. St. Stagus town W.
TO H Pag	Speries	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL (Specify) Aug. 18-67 Greenlawn Cemetery Williamsport Md,
VR ALS	2R	24. FUNERAL DIRECTOR ADDRESS Jennie E. Leaf #7 Church St. Williamsport Md. DATE AUG 18 1967 ADDRESS Jennie E. Leaf #7 Church St. Williamsport Md. DATE AUG 18 1967
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write RURAL o			c. LENGTH OF STAY 5 yrs.		c. CITY OR TOWN (If o	utside carparote limi	its, write RUR		
1/	ITAL OR INSTITUTION (If not Franklin St		e street oddress)		d. STREET ADDRESS	. Frankl:	in St.		e. IS RESIDENO ON A FARM YES NO
3. NAME OF DECEASED (Type or print)	First Cle	tus	Middle		Lost Snodderly	4. DATE OF DEATH	Month		Day Year 21 1946
S. SEX	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIE		s. DATE OF SIRTH	9. AGE	(In years birthday) yrs.	IF UNDER 1 YE	
10o. USUAL OCCUPATIOn during most of working Molder	ON (Give kind af work done g life, even if retired)	INDU	OF BUSINESS OR STRY nus: Meta]		11. BIRTHPLACE (County Washingt 14. MOTHER'S MAIDEN	& Stote, ar fareign co	ountry)	COUNT	N OF WHAT
13. FATHER'S NAME Alfred	d Snodderly				14. MOTHER'S MAIDEN Julie Do				
Yes, na, ar unknown	/ER IN U.S. ARMED FORCES? (If yes give war ar dotes of :	service)	CIAL SECURITY NO. 3-03-3128	- 1	nformant s. Cletus S	nedderly	Addres		E. Frank town, Md
1B. CAUSE OF I PART I. DE	DEATH (Enter only one couse ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	Coro	nary oc						INTERVAL BETWEE
Canditians, if on rise to immedia stoting the und last.	ate cause (a), (/	rioscle	roti	c heart d	1sease		Ind	efinite
PART II. OTHER	SIGNIFICANT CONDITIONS COL							a	19. WAS AUTOPS' PERFORMED?
20o. ACCIDENT W OR CONTRIBUTIN	ic obstruct AS UNDERLYING □ G□CAUSE OF DEATH Y MEDICAL EXAMINER)				Enter noture of injury in			u	YES NO
20c. TIME OF IN Hour of	JURY Manth, Day, Year m. 19	20d. INJU While of work	IRY OCCURRED Not While of work		CE OF INJURY (Hame, far ory, street, office bldg., etc	.)	ar tawn)	(County	
saw the	rify that (1) (this haspi deceased alive an A C	ital) attende 1gust	d the deceased 21_19_67,	fram and that	, t death accurred g	19 61, ta A	ugust n causes a	ind an the	date stated al
	18/216	bein	2	M.C	ATTENDING NO. PHYS.	MED.	STAFF PHYS.	8/2	2/67
22c. PHYSICIAN NAME (Typ 23a. BURIAL, CREMAT	e) B.B.Kne		, M D .	FTFRY OR	Нае	erstown 23d. LOCATION	, Mar	yland	ounty) , (Stote
REMOVAL (Speci	8/24/		Green ADDRESS						clin, Pa
Aloli	u of Henry	Wayı	nesboro,			2 4 1967		iarles	Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and shauld be filed with the State Dept. of Health priar to burial, cremation, or remaval, and in any event, within 12 havis after test Page 4 may be retained by the haspital ar attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11646 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11658 FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) g. COUNTY o. STATE b. COUNTY WASHINGTON WASHINGTON MARYLAND b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and PM3. 16 YEARS HAGERSTOWN d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE ON A FARM? d. STREET ADDRESS farm 1839 GILBERT AVENUE 1839 State | GTLBERT AVENUE Give Pages NO K This certificate shauld be executed within 24 haurs after death. arong with NAME OF Middle 4 DATE First Month Year DECEASED EDITH SOMERVILLE AUGUST 19 67 HELENE Type or print) DEATH IF UNDER 1 YEAR AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH NEVER MARRIED lost birthday) Days Months Hours in pencil in Item 18. WIDOWED DIVORCED NOVEMBER 14.1901 WHITE FEMALE Office 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? INDUSTRY hours after HOMEMAKER II.S.A Chief Medical Examiner's OWN HOME CUMBERTAND MARYLAND 13. FATHER'S NAME KATHERINE WEIGAND JOHN FORSTER File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Add 39 GILBERT AVE. (Yes, no, or unknown) (If yes give war or dates of service) event within NONE MRS. MARGARET D. THOMPSON, HAGERSTOWN, MD. NO INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-transit PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (0) Hypertensive Arteriosclerotic Cardio Vascular vears the certificate, writing the ward DHE TO any Conditions, if any, which gave Disease rise to immediate cause (a), farwarded ta 9 DUE TO stating the underlying cause and 19. WAS AUTOPS)
PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) remayal, CERTIFICATION NO X pe 4 shauld be 20a. EXTERNAL CAUSE WAS 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item IB.) 3 shauld 0 PRIMARY Or CONTRIBUTING AL EXAMINER: CAUSE OF DEATH cremation, MEDICAL 20e, PLACE OF INJURY (Home, farm, (City or town) 20d. INJURY OCCURRED (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While DIRECTOR: Page ot work ot work 21. I certify that I took charge of the remains described above, held an Autapsy []. Inspection x Inquiry [], and in my opinion for Noturol couses x Accident [Suicide | funeral director. deoth resulted from: Homicide Undetermined monner 8/31/67 22. DATE SIGNED CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER FUNERAL D Health priar SIGNATURE DEPUTY MEDICAL EXAMINER 215 W. WASH. ST. **EXAMINER'S** EDWARD W. DITTO. JR. M.D. Address (Street, city, town, or county) NAME (Type) HAGERSTOWN. MD. 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) 0 BURIAL (Specify) CUMBERLAND, ALLEGANY, MD. GREEN MOUNT CEMETERY. 9/1/67 ADDRESS 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15ME (5) ocharles 1967 DASFP 6M 1/67 CHARLES M. ROUZER. HAGERSTOWN, MARYLAND.

The same of the sa SUREVIET SHARE FAIL . Of a manager of a SALIVEANON CHARGELLAND HARALANDS - THE WORLD ALL A GENERAL CONTROL OF THE ALL DESCRIPTION of the second second COMPANIE OF THE OWNER, THE PARTY . HALLESTON . ALL. Lety to the content of the content o CHARLES K. BOULDH. IMCERTON: MCTEGNO.

no markani nt Sours 2 Maeico Haynasboro Pa. anoder words Magnington County Rospital 25. From 25. To the state of th Nole Natia x Hay 7, 1895 72 Barber Harmenboro Pa. U.B.A. Stades W. Staley Homest 214-09-15144 William H. Steley, Hagerstown Md., Route 6

Waymenboro Fa. AND 2 5 1967 Planter St. July 2 5 1967

Burtal 8/27/67 Green Hill Waynesboro, Franklin Co. Pa.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1 1 6 6 0 11648 CERTIFICATE OF DEATH death. requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) funera o. COUNTY o. STATE b. COUNTY WASHINGTON MARYLAND MARYLAND WASHINGTON Pages b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)

HAGERSTOWN c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) DAYS ò RURAL HANCOCK e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS WASHINGTON CO. HOSPITAL RFD #2 YES NO X 3. NAME OF Middle 4. DATE First Last Manth Day Year DECEASED 1967 FREDDY CLEATUS STARLIPER AUGUST 18 (Type ar print) DEATH signed by the attending physician and cample burial-transit permit. Then please remave *S* burial, crematian, ar remaval, and in any eve IF UNDER 24 HRS. AGE (In years IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED **NEVER MARRIED** last birthday) Manths Days Haurs MALE WHITE 2/2/1939 WIDOWED DIVORCED 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) ORCHARD COUNTRY? during most of working life, even if retired) FULTON CO., PENNA. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME LEROY W. STARLIPER RENTHA SMITH 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. or unknown) (If yes give wor or dates of service 214-36-2376 LEONA I. STARLIPER RD. #2. HANCOCK. NO INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) ALLETASTAT Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if any, which gave rise ta immediate cause (o), DUE TO stoting the underlying couse Hodomen priar ta 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? CERTIFICATION Dept. af Health NO certificate far 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL (City or town) (Stote) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (County) **DIRECTOR:** After this Haur o.m. factory, street, affice bldg., etc.) Not While at wark at work 1967, to AUG 18, 1967 that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased from Aug. S 18 19 67, and that death accurred at 2:46 PM, from causes and an the date stated above saw the deceased alive an 22a. SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR PHYS. PHYS 22d. ADDRESS 22c. PAYSICIAN'S TO FUNERAL HAGERSTOWN NAME (Type) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (County) (State) REMOVAL (Specify) REC'D BY REGISTRAR 256 BURIAL ANTIOCH CHRISTIAN PENNSYLVANIA 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 Marley 196/ MARYLAND HANCOCK.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

CERTIFICATE OF DEATH
1. PLACE OF DEATH a. CDUNTY Washington MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. COUNTY Wash.
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b d. C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) rural Smithsburg 2/-/
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Washington County Hospital d. STREET ADDRESS RFD 2 e. IS RESIDENCE ON A FARM? YES \(\sum_{NO} \) NO \(\sum_{NO} \)
3. NAME DF DECEASED (Type or print) Annie Maud Stevenson Death August 7, 1967
5. SEX female 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. DIVORCED Apr. 21, 1902 9. AGE (In years lif UNDER 1 YEAR IF UNDER 24 HRS. last birthday) 65 yrs. 9. AGE (In years lif UNDER 1 YEAR IF UNDER 24 HRS. last birthday) 65 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, or foreign country) 11c. CITIZEN OF WHAT COUNTRY? COUNTRY? Trucking industry Elizabeth City, N. C.
John N. Gibbs 14. MOTHER'S MAIDEN NAME Minnie Reasons
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 91-01-1249 Leonard Gibbs, Smithsburg, Md.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (c) INTERVAL BETWEEN ONSET AND DEATH The state of the state o
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TOWEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
Zoc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) 4 4 4 4 4 4 4 4 4
21. I certify that (I) (this hospital) attended the deceased from
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) RemOVAL (Specify) 8-10-67 Rest Haven Cemetery Hagerstown, Md. 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25a. REGISTRAR SCHAMUGE
24. FUNERAL DIRECTOR Minnich Funeral Home, Hagerstown, Md. 25a. REC'D BY REGISTRAR 25 CHANGE 14 96 14 96 14 196 196 196 196 196 196 196 196 196 196

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. (20) Candad for Louis States & Trabacte Sale STUDENT OF STREET STREET, STRE COLUMN COLUMN SECON Rodi , Mr. and Harman .D. M. VIID Wis Carliff West and martin Round and the same and the same . Del . organiste and . selected transport. ' 2 13-11-120 The second second dia lan unrodens nell amen. Lene colline diali

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11650 CERTIFICATE OF DEATH 11662 requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) 1. PLACE OF DEATH a COUNTY a STATE dempletely filled in by the fundove carban papers. Pages 1 c MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN autside carparate write RURAL and give negrest-taw d. STREET ADDRESS give street address) e. IS RESIDENCE ON A FARM? HOSPITAL OR INSTITUTION (If nat in haspital, NO X YES NAME OF DATE Middle Inst Day Year DECEASED 2 1967 DEATH (Type or print) DATE OF BIRTH AGE (In years Jast birthaay) IF LINDER 1 YEAR IF UNDER 24 HRS. COLOR OR RACE 7 MARRIED NEVER MARRIED remove Manths Days Hours WIDOWED DIVORCED physician and 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if reffred) INDUSTRY COUNTRY? please 13. FATHER'S NAMI 14. MOTHER'S MAIDEN NAME the attending physist permit. Then WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANI (Yes, na, or unknown) (If yes give war ar dates af service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY Mycamobin - HEMICHON DYYS IMMEDIATE CAUSE (a) signed by physician DUE TO Canditions, if any, which gave ARTERIOSCISIOTE H-Zmi rise to immediate cause (a). DUF TO attending p stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been as the TAS ARTERIOSCIZIOSIS CITCH. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO L'STARE be retained by the haspital ar for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, (State) 20d INJURY OCCURRED (City or town) (County) 20c. TIME OF INJURY Month, Day, Year Hour am factory, street, affice bldg., etc.) Not While at wark at work 21. I certify that (I) (this haspital) attended the deceased fram 16 FGS , 1967, to 29 Muc , 1967, that (I) (we) last should saw the deceased alive an 28 hac 19 67, and that death accurred at M, fram causes and an the date stated above 22a. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. M.D. DIRECTOR 29 August 1967 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) WN F ENDER 218 N. SAMOYO HAGSISTORM director, NAME OF CEMETERY OR CREMATORY 23g. _BURIAL CREMATION 23b. DATE THEREOI (County REMOVAL (Specif mis 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS

1967

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11663 11651 CERTIFICATE OF DEATH within 24 haurs after death funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND filled in by the fun papers. Pages 1 completely filled in by the funde carban papers. Pages 1 we event, within 72 hours aftel b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest (wm) CLENGTH OF STAY IN 16 c. CITY BR TOWN (If outside corporate limits. write RURAL and give megrest town d. STREET ADDRESS ON A FARM OSPITAL OR ANSTITUTION (If not in haspital give street address) YES NO NAME OF First Middle DATE Manth Day DECEASED OF DEATH (Type ar print requires that the death certificate be executed IF UNDER I YEAR DATE OF BIRTH AGE IF UNDER 24 HRS S. SEX 6. COLOR OR RACE (In years birthday) 7. MARRIED NEVER MARRIED Manths Days Hours and in any WIDOWED DIVORCED and 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR during most of working life, even if refued INDUSTRY COUNTRY? YOUSE WE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar up knawn) (If yes give war ar dates af service 16. SOCIAL SECURITY NO INFORMANT burial, crematian, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) signed by the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise ta immediate cause (a). DUE TO stating the underlying cause has been see as the better the priar to be last. WAS AUTOPS) PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NO O FUNERAL DIRECTOR: After this certificate 20g. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I of Part II of item 18.) Page 4 may be retained by the haspital OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year Haur a.m factory, street, affice bldg., etc.) Nat While at wark 21. I certify that (1) (this hospital) attended the deceased fram directar, page 3 shauld shauld be filed with the and that death accurred at 7.30/3M, fram causes and an the date stated above saw the deceased alive an 22a. SIGNATURE 22b. DATE/SIGNED M.D. PHYS 22c. PHYSICIAN'S 22d. ADD NAME (Type) 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Caunty) / (State) 23a. BURIAL, CREMATION REMOVAL (Specify) 24. FUNERAL DIRECTOR **ADDRESS** VR A15 (4) 20 M 1/66 DATE

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Commercial Control THE RESIDENCE OF THE PROPERTY OF THE PERSON For an 2 and an analysis of the first of the THE REPORT OF THE PARTY OF THE MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

11653 11665 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY Washington o. STATE Washington MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 7 days Highfield Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? filled Washington County Hospital NO [YES NAME OF Middle First Lost 4. DATE Month Dov Year DECEASED Jacob Hugh Warrenfeltz DEATH (Type or print) IF UNDER 1 YEAR S. SEX 9. AGE (In years 6. COLOR OR RACE 7. MARRIEDY X NEVER MARRIED B. DATE OF BIRTH last birthdoy) Months Doys Hours male white WIDOWED DIVORCED Sept. 12 1900 and 1Do. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT INDUSTRY Broker COUNTRY? during most of working life, even if retired) Real Estate May Texas

14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME remaval attending p Jacob W Warrenfeltz Eleanor Foster 1S. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 17. INFORMANT 16 SOCIAL SECURITY NO. 214-32-4866 Mrs. Bernadette W Warrenfeltz Highfield no crematian, TB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o). DUE TO stoting the underlying couse lost. WAS AUTOPS PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) be retained by the haspital OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 2De. PLACE OF INJURY (Home, farm, (City or town) (Stote) 2Dc. TIME OF INJURY Month, Dov. Yeor 20d. INJURY OCCURRED (County) Hour o.m. foctory, street, office bldg., etc.) 8-2, 19 67, that (1) (we) las 1-12 19 56, ta 21. I certify that (1) (this hospital) attended the deceased from_ 8-2 19 67, and that death accurred at 6.30 P.M. from causes and on the date stated above TO FUNERAL DIRECTOR: saw the deceased olive an. 22b. DATE SIGNED 220. SIGNATURE STAFF PHYS. 8-3-67 M.D. DIRECTOR PHYS. director, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Charles F. Hess. M.D. Smithsburg, Maryland 21783 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF 23o. BURIAL, CREMATION, (County) Cavetown Reform Cemetery
ADDRESS 250. REC'D BY Aug. 5 67 Cavetown 24. FUNERAL DIRECTOR

Smithsburg

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Minnich Funeral Home

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23c. NAME OF CEMETERY DR CREMATORY

Hagerstown Md_

Rest Haven Cemetery

23o. BURIAL, CREMATION.

REMOVAL (Specify)

23b. DATE THEREOF

Chapel

2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR

23d. LDCATIDN (City or Town)

Hagerstown

e. IS RESIDENCE DN A FARM?

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19 67

IF UNDER 24 HRS

Hours

INTERVAL BETWEEN

ONSET AND DEATH

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19. WAS AUTOPS PERFORMED?

(County)

NO

(Stote)

(Stote)

Washington-Md

12. CITIZEN OF WHAT

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MARYLAND STATE DEPARTMENT OF HEALTH

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